**APPENDIX C – 1: FORMS, DATA DICTIONARIES, AND REPORTS
IMMUNIZATION BRANCH (IZB)**

Appendix C – 1 contains the IZB-specific forms, data dictionaries, and reports referenced within the Web-CMR Business Requirements (Appendix A). Section 1 of this Appendix contains general information for implementation of all IZB required forms. Section 2 of this Appendix contains the case report forms required by the IZB Branch (**2.2.3.4** and **2.2.3.5**), and supporting data dictionaries where available. Section 3 of this Appendix contains forms used by IZB for collecting information in special situations. Section 4 of this Appendix contains sample reports that IZB would like to reproduce with Web-CMR.

Section 1: General
- Variables for IZ Branch Use Only
- Variables for LHD Use (Tracking and Demographic)
- Variables for LHD Use Only & IZ Branch Use Only
- Demographic Variables for Vaccine Preventable Diseases (VPD)
- Acute & Chronic Hepatitis B Variables (*from CMR in revision*)[*]
- IZ Branch Case ID Number Algorithm

Section 2: Case Report Forms & Corresponding Data Dictionaries
- Congenital Rubella Syndrome Case Report Form (CDC)
  - CRS Data Dictionary
- Diphtheria Case Report Form (DHS 8579)
  - Diphtheria Data Dictionary
- Haemophilus influenzae, Invasive Disease Case Report Form (DHS PM401)
  - HI Data Dictionary
- Hepatitis A Acute Case Report Form (CDC)
  - Hepatitis Clinical and Diagnostic Variables (CDC) Data Dictionary
  - Hepatitis A Acute CDC Data Dictionary
- Hepatitis A Case Report Form (DHS 8556)
- Hepatitis B Acute Case Report Form (CDC)
  - Hepatitis Clinical and Diagnostic Variables (CDC) Data Dictionary
  - Hepatitis B Acute CDC Data Dictionary
- Hepatitis B Perinatal Case Report Form (CDC)
  - Hepatitis B Perinatal CDC Data Dictionary
- Hepatitis B Perinatal Case Management Report Form (DHS 8546)
  - Perinatal Hepatitis B Data Dictionary
- Measles Case Report Form (DHS 8345)
  - Measles Data Dictionary
- Meningococcal Case Report Form (DHS 8469)
  - Meningococcal Data Dictionary
- Mumps Case Report Form (DHS 8690)
  - Mumps Data Dictionary
- **Pertussis Case Report Form (DHS 8258)**[1]
  - Pertussis Data Dictionary
- Poliomyelitis Case Report Form (DHS 8421)
  - Poliomyelitis Data Dictionary
- Rubella Case Report Form (DHS PM358)
  - Rubella Data Dictionary
- Tetanus Surveillance Worksheet (CDC)
  - Tetanus Data Dictionary
- Other Outbreak or Reportable Disease Report Form (DHS)
- Varicella Case Report Form (DHS 8299)
  - Varicella Data Dictionary

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[*] Includes acute and chronic Hepatitis B variables from the CMR form currently undergoing revision
[1] Form to be included in Proof of Concept (POC) Demonstration

- Varicella Surveillance Worksheet (CDC)
- Varicella Death Investigation (CDC)
  - Varicella Death Data Dictionary
- Avian Influenza Case Report Form (DHS)
  - o Avian Influenza Data Dictionary

Section 3: Forms for Special Situations
- Pertussis Death Worksheet
  - o Pertussis Death Data Dictionary
- Tetanus Supplemental Injecting Drug Use Questionnaire
  - o Tetanus Supplemental Injecting Drug Use Questionnaire Data Dictionary
- Measles School Outbreak Audit
  - o Measles School Outbreak Audit Data Dictionary
- Measles School Outbreak Audit *Summary*
  - o Measles School Outbreak Audit *Summary* Data Dictionary
- **Meningococcal Contact Follow-Up[2]**
  - o Meningococcal Contact Data Dictionary
- Pertussis Contact Follow-Up
  - o Pertussis Contact Data Dictionary
- Measles Contact Follow-Up
  - o Measles Contact Data Dictionary
- Varicella Contact Follow-Up
  - o Varicella Contact Data Dictionary
- Rubella Contact Follow-Up
  - o Rubella Contact Data Dictionary
- Rubella (CRS) Maternal Questionnaire
  - o Rubella (CRS) Maternal Questionnaire Data Dictionary
- Rubella (CRS) Chart Review Form
  - o Rubella (CRS) Chart Review Form Data Dictionary
- DASH Laboratory Form (CDC)
- Smallpox Forms (CDC)
  - o Smallpox Form 1
  - o Smallpox Form 2A
  - o Smallpox Form 2B
  - o Smallpox Form 2C
  - o Smallpox Form 2D
  - o Smallpox Form 2E
  - o Smallpox Form 2F
  - o Smallpox Form 3A
  - o Smallpox Form 3B
  - o Smallpox Form 3C

Section 4:   Reports (*Examples include Summary Tables [Cases and Rates by County by Year]***)**
- Haemophilus influenzae (all and type B)
- Hepatitis A
- Hepatitis B
- Measles
- Pertussis
- Rubella
- Tetanus

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[2] Form to be included in Proof of Concept (POC) Demonstration

Variables for IZ Branch Use Only

These variables will be visible to all WebCMR users, but will be modifiable only by IZ Branch (additional requirement of permissions function of WebCMR)

Form: Track and Demo

Variables	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns -- Available only to IZ Branch Reviewers!	Asssigned Variable / Other Comments
IZ Branch Case ID Number		IZB_CASEID	C6			This is an IZBranch defined number. Will need to keep at C6 as long as CDMS is in use, but may be changing numbering convention (to C10) -- see "IZBR_CASEID Algorithm" tab for details.

Disease Form: Measles

Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y", RASH_DUR =">=3 days", (either TEMPERAT = "Y" or SKINTEMP = 1), and (either COUGH = "Y" or CORYZA = "Y" or CONJUNCT = "Y")	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if IGMRES1 OR IGMRES2= "P" or IGGPAIRED = "P" or "VRUSISOL" = "P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Import Status - IZ Branch Classification		IZB_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Linked to imported case within two generations? IZ Branch Classification		IZB_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
State Case Classification - IZ Branch Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**

Disease Form: Rubella

Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y", (either TEMPERAT = "Y" or SKINTEMP = "1" or "2"), and (either ARTHR = "Y" or LYMPH = "Y" or CONJUNCT = "Y")	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if IGMRES1 or IGMRES2 = "P" or IGGPAIRED = "P" or "VRUSISOL" = "P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Import Status - IZ Branch Classification		IZB_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Linked to imported case within two generations? IZ Branch Classification		IZB_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
State Case Classification - IZ Branch Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_LABCONF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**

Disease Form: Varicella

Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y" and GENERAL = "Y"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if DFARES = "P" or PCRRES = "P" or CURES = "P" or IGGPAIRED = "P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms WebCMR NEW/REVISED Measle PortCSRev.xls Rubella Gen Var(Mod 2005 IZ Branch)

3

State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**

Disease Form: Pertussis

Case meets CDC/CSTE clinical case definition for pertussis? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if COUGH = "Y" AND DURCOUGH >= 14 and (either PAROXYSM = "Y" or WHOOP = "Y" or VOMIT= "Y")	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if CULRES = "P" or if PCRRES="P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if CULRES = "P" and COUGH = "Y" or if IZB_CLINDEF = "Y" and PCRRES = "P" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**

Disease Form: HI

Case meets CDC/CSTE clinical case definition for invasive Haemophilus Influenzae? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if MENINGIT = "Y" or if BACTEREM = "Y" or if EPIGLOTT = "Y" or if PNEUMON = "Y"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if CULRES = "P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" and IZB_CLINDEF = "Y", Only="P" if IZB_CLINDEF = "Y" and ANTG_RES = "P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**

Page 2 of 2
F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR New Forms Hflu Measles Pertussis Rubella (SRE Selation March 2005IZ Branch)

4

**LHD INTERNAL TRACKING AND
DEMOGRAPHIC VARIABLES
FOR ALL VPD FORMS**

Variables	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON	Identify case or episode					
CMR ID Number		CMRID	C12			
IZ Branch Case ID Number		IZB_CASEID	C12			This is an IZBranch defined number. Will need to keep at C6 as long as CDMS is in use, but may be changing numbering convention (to C10 or C12) -- see "IZBR_CASEID Algorithm" tab for details.
Date reported to county		DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started		DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case		REPORTER	C25	Free Text		
Reporter Telephone		REPPHONE	C20	Free Text		
Case Investigator Completing Form		INVESTGR	C25	Free Text		
Investigator Telephone		INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction		INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		name of LHD conducting investigation
PATIENT DEMOGRAPHICS	Find out who the case is					
Case last name		L_NAME	C35	Free Text		
Case first name		F_NAME	C25	Free Text		
Case middle initial		MINITIAL	C1	Free Text		
Case date of birth		BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type		AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days		
Case age		AGE	Num			See var AGETYPE Above; Filled in by LHD
Calculated Age		AGECALC	Num			Calculated variable (Measles/Rubella: RASH_ON or FEVER_ON or DATE_DX - BIRTHDAT; Varicella: RASH_ON or DATE_DX -BIRTHDAT; Pertussis: ONSET or DATE_DX-BIRTHDAT; HI: DATE_DX-BIRTHDAT)
Case gender		GENDER	C1	M=Male,F=Female		
Case home street address		ADDRESS	C25	Free Text		Residential

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR New Forms Hflu Measles Pertussis Rubella Varicella March 2005 IZ Branch)

5

LHD INTERNAL TRACKING AND DEMOGRAPHIC VARIABLES FOR ALL VPD FORMS

Variables	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Case home city		CITY	C25	Free Text		Residential
Case home state		STATE	C2	State Abbreviation, eg CA=California		Residential
Case home zipcode		ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		Residential
Case home county		COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		Residential
Case ethnicity		ETHNICIT	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		
Case race (check all that apply)						check all that apply, new coding different from NETSS
Unknown		RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black		BLACK	C1	1=African-American or Black		
American Indian or Alaska Native		AI_AN	C1	1=American Indian or Alaska Native		
Asian		ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats	check all that apply
Asian Indian		A_INDIAN	C1	1=Asian Indian		
Cambodian		CAMBO	C!	1=Cambodian		
Chinese		CHINESE	C1	1=Chinese		
Filipino		FILIPINO	C1	1=Filipino		
Hmong		HMONG	C1	1=Hmong		
Japanese		JAPANESE	C1	1=Japanese		
Korean		KOREAN	C1	1=Korean		
Laotian		LAOTIAN	C1	1=Laotian		
Thai		THAI	C1	1=Thai		
Vietnamese		VIET	C1	1=Vietnamese		
Asian Other		ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other		ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander		NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats	check all that apply
Native Hawaiian		HAWAII	C1	1=Native Hawaiian		
Guamanian		GUAMAN	C1	1=Guamanian		
Samoan		SAMOAN	C1	1=Samoan		
Pacific Islander Other		PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other		PACO	C15	Free Text		
White		WHITE	C1	1=White		

LHD INTERNAL TRACKING AND
DEMOGRAPHIC VARIABLES
FOR ALL VPD FORMS

Variables	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Other Race		RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible		RACEO	C15	Free Text		if RACEOTH = 1 then complete if known
Occupation (choose all that apply)						
Unknown Occupation		OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service		FOODSERV	C1	1=Food Service		
Health Care		HLTH_CARE	C1	1=Health Care		
Day Care		DAY_CARE	C1	1=Day Care		
School		SCHOOL	C1	1=School		
Correctional Facility		CORR_FAC	C1	1=Correctional Facility		
Other Occupation		OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation		OCCUPO	C15	Free Text		
Country of Birth		B_CNTRY	C15	Free Text		
Country of Residence		R_CNTRY	C15	Free Text		

Most of these variables will be
"shared" in Web-CMR, making
them common to all disease
events. For variables that change
over time, Web-CMR will share
the current value. At the time the
case is created, the values
reported will be a "snapshot" of
the current shared values.

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR New Forms Hflu Measles Pertussis Rubella SRE Selma (30D2005IZ Branch)

7

LHD and IZ Branch Variables

These variables are intentionally duplicated: the first is for LHD use only and the second is for state (IZ Branch) use only

Disease Form: Measles

Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" --** For LHD use only
Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y", RASH_DUR =">=3 days", (either TEMPERAT = "Y" or SKINTEMP = 1), and (either COUGH = "Y" or CORYZA = "Y" or CONJUNCT = "Y")	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if IGMRES1 OR IGMRES2= "P" or IGGPAIRED = "P" or "VRUSISOL" = "P"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Import Status - LHD Classification		LHD_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		**New subsection for this & following variables - called "Import Status"** -- For LHD use only
Import Status - IZ Branch Classification		IZB_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Linked to imported case within two generations? - LHD Classification		LHD_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Linked to imported case within two generations? IZ Branch Classification		IZB_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**

Disease Form: Rubella

Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" --** For LHD use only
Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y", (either TEMPERAT = "Y" or SKINTEMP = "1" or "2"), and (either ARTHR = "Y" or LYMPH = "Y" or CONJUNCT = "Y")	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if IGMRES1 or IGMRES2 = "P" or IGGPAIRED = "P" or "VRUSISOL" = "P"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Import Status - LHD Classification		LHD_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		**New subsection for this & following variables - called "Import Status"** -- For LHD use only

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F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR New Forms Hflu Measles Pertussis Rubella Varicella Mar 30 2005

Import Status - IZ Branch Classification		IZB_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Linked to imported case within two generations? - LHD Classification		LHD_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Linked to imported case within two generations? IZ Branch Classification		IZB_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_LABCONF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**

Disease Form: Varicella

Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" --** For LHD use only
Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y" and GENERAL = "Y"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if DFARES = "P" or PCRRES = "P" or "CULRES" = "P" or IGGPAIRED = "P"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**

Disease Form: Pertussis

Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" --** For LHD use only
Case meets CDC/CSTE clinical case definition for pertussis? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if COUGH = "Y" AND DURCOUGH >= 14 and (either PAROXYSM = "Y" or WHOOP = "Y" or VOMIT= "Y")	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Case lab confirmed - - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if CULRES = "P" or if PCRRES="P"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only

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F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR New Forms Hflu Measles Pertussis Rubella Varicella Mar 30 2005

| State (IZ Branch) Case Classification | | IZB_CASESTAT | C1 | C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown | Only ="C" if CULRES = "P" and COUGH = "Y" or if IZB_CLINDEF = "Y" and PCRRES = "P" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U" | variable visible to all, but assigned and modfied by IZ Branch - additional requirement -- see "Variables for IZ Br Only" tab |

Disease Form: HI

Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		New subsection for this & following variables - called "Clinical Criteria Met" -- For LHD use only
Case meets CDC/CSTE clinical case definition for invasive Haemophilus Influenzae? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if MENINGIT = "Y" or if BACTEREM = "Y" or if EPIGLOTT = "Y" or if PNEUMON = "Y"	variable visible to all, but assigned and modfied by IZ Branch - additional requirement -- see "Variables for IZ Br Only" tab
Case lab confirmed - - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if CULRES = "P"	variable visible to all, but assigned and modfied by IZ Branch - additional requirement -- see "Variables for IZ Br Only" tab
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" and IZB_CLINDEF = "Y", Only="P" if IZB_CLINDEF = "Y" and ANTG_RES = "P"	variable visible to all, but assigned and modfied by IZ Branch - additional requirement -- see "Variables for IZ Br Only" tab

Page 3 of 3
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F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR New Forms Hflu Measles Pertussis Rubella Varicella Mar 30 2005

10

LHD INTERNAL TRACKING AND DEMOGRAPHIC VARIABLES FOR ALL VPD FORMS

Variables	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON	Identify case or episode					
CMR ID Number		CMRID	C12			
IZ Branch Case ID Number		IZB_CASEID	C12			This is an IZBranch defined number. Will need to keep at C6 as long as CDMS is in use, but may be changing numbering convention (to C10 or C12) -- see "IZBR_CASEID Algorithm" tab for details.
Date reported to county		DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started		DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case		REPORTER	C25	Free Text		
Reporter Telephone		REPPHONE	C20	Free Text		
Case Investigator Completing Form		INVESTGR	C25	Free Text		
Investigator Telephone		INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction		INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		name of LHD conducting investigation
PATIENT DEMOGRAPHICS	Find out who the case is					
Case last name		L_NAME	C35	Free Text		
Case first name		F_NAME	C25	Free Text		
Case middle initial		MINITIAL	C1	Free Text		
Case date of birth		BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type		AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days		
Case age		AGE	Num			See var AGETYPE Above; Filled in by LHD

Calculated Age		AGECALC	Num			Calculated variable (Measles/Rubella: RASH_ON or FEVER_ON or DATE_DX - BIRTHDAT; Varicella: RASH_ON or DATE_DX -BIRTHDAT; Pertussis: ONSET or DATE_DX-BIRTHDAT; HI: DATE_DX-BIRTHDAT)
Case gender		GENDER	C1	M=Male,F=Female		
Case home street address		ADDRESS	C25	Free Text		Residential
Case home city		CITY	C25	Free Text		Residential
Case home state		STATE	C2	State Abbreviation, eg CA=California		Residential
Case home zipcode		ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		Residential
Case home county		COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		Residential
Case ethnicity		ETHNICIT	C1	0=Not Hispanic or Not Latino, 1=Hispanic or Latino, 2 = Unknown		
Case race (check all that apply)						check all that apply, new coding different from NETSS
Unknown		RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black		BLACK	C1	1=African-American or Black		
American Indian or Alaska Native		AI_AN	C1	1=American Indian or Alaska Native		
Asian		ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats	check all that apply
Asian Indian		A_INDIAN	C1	1=Asian Indian		
Cambodian		CAMBO	C!	1=Cambodian		
Chinese		CHINESE	C1	1=Chinese		
Filipino		FILIPINO	C1	1=Filipino		
Hmong		HMONG	C1	1=Hmong		
Japanese		JAPANESE	C1	1=Japanese		
Korean		KOREAN	C1	1=Korean		
Laotian		LAOTIAN	C1	1=Laotian		
Thai		THAI	C1	1=Thai		
Vietnamese		VIET	C1	1=Vietnamese		
Asian Other		ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other		ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander		NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats	check all that apply
Native Hawaiian		HAWAII	C1	1=Native Hawaiian		
Guamanian		GUAMAN	C1	1=Guamanian		
Samoan		SAMOAN	C1	1=Samoan		
Pacific Islander Other		PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other		PACO	C15	Free Text		

White		WHITE	C1	1=White		
Other Race		RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible		RACEO	C15	Free Text		if RACEOTH = 1 then complete if known
Occupation (choose all that apply)						
Unknown Occupation		OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service		FOODSERV	C1	1=Food Service		
Health Care		HLTH_CARE	C1	1=Health Care		
Day Care		DAY_CARE	C1	1=Day Care		
School		SCHOOL	C1	1=School		
Correctional Facility		CORR_FAC	C1	1=Correctional Facility		
Other Occupation		OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation		OCCUPO	C15	Free Text		
Country of Birth		B_CNTRY	C15	Free Text		
Country of Residence		R_CNTRY	C15	Free Text		

CMR FORM for WebCMR:

For all cases of CHRONIC HEPATITIS B and ACUTE HEPATITIS B (19+ years of age)

VARIABLES	Name	Type/Length	Values	Error Checks / Skip Patterns	Assigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON					
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
PATIENT DEMOGRAPHICS					New subsection called "Patient Demographics"
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years, 1=Months, 2=Weeks, 3=Days		

Case age	AGE	Num			See var AGETYPE Above; Filled in by LHD
Calculated Age	AGECALC	Num			Calculated variable DTONSET or DTDX or DTALT or DTAST or DTDEATH or DTFILE - BIRTHDAT
Case gender	GENDER	C1	1=Male, 2=Female, 9=Unk	if = 2, or 9, then prompt for PREGNANT	
Pregnancy status	PREGNANT	C1	1= Yes, 2=No, 3=Unk	if = 1, then prompt for EDD	
Estimated date of delivery	EDD	Num Date	MMDDCCYY		
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	0=Not Hispanic or Not Latino, 1=Hispanic or Latino, 2 = Unknown		
Case race (check all that apply)					check all that apply, new coding different from NETSS

Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats	check all that apply
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats	check all that apply
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text		
Occupation (choose all that apply)					
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Country of Birth	B_CNTRY	C15	Free Text		
Country of Residence	R_CNTRY	C15	Free Text		

Clinical & Diagnostic Data					New subsection called "Clinical and Diagnostic Data"
Reason for Testing					check all that apply
Symptoms of acute hepatitis	TEST_SYMPTOM	C1	1=Symptoms of acute hepatitis	if =1 then TEST_RISKF and TEST_NORISKF must =0	
Evaluation of elevated liver enzymes	TEST_ENZYME	C1	1=Elevated liver enzymes		
Screening of asymptomatic pt. with reported risk factors	TEST_RISKF	C1	1=Risk Factors		
Screening of asymptomatic pt. with no risk factors	TEST_NORISKF	C1	1=No risk factors		
Prenatal Screening	TEST_PREN	C1	1=prenatal screening		
Blood/Organ donor screening	TEST_DONOR	C1	1=blood/organ donor		
Follow-up testing for previous marker of viral hepatitis	TEST_MARKER	C1	1=previous hepatitis markers		
Unknown	TEST_UNK	C1	1=unknown		
Other	TEST_OTHER		Free Text		
Clinical Data					
Diagnosis date	DTDX	num date	MMDDCCYY		
Symptoms	SYMPTOMS	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt for DTONSET	
Onset date	DTONSET	num date	MMDDCCYY	must be on or after BIRTHDAT	
Jaundiced	JAUNDICE	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt for SYMPTOMS to also =1	
Hospitalized for hepatitis	HOSPITALIZE	C1	1=Yes, 2=No, 9=Unk		
Died from hepatitis	DIED	C1	1=Yes, 2=No, 9=Unk	if = 1 then prompt for DTDEATH	
Date of death	DTDEATH	num date			
Diagnostic Tests					
Total anti-HAV	ANTI_HAV	C1	1=Positive, 2=Negative, 9=Unk		
IgM anti-HAV	IGM_ANTI_HAV	C1	1=Positive, 2=Negative, 9=Unk		
HBsAg	HBSAG	C1	1=Positive, 2=Negative, 9=Unk		
Total anti-HBc	ANTI_HBC	C1	1=Positive, 2=Negative, 9=Unk		
IgM anti-HBc	IGM_ANTI_HBC	C1	1=Positive, 2=Negative, 9=Unk		
anti-HCV	ANTI_HCV	C1	1=Positive, 2=Negative, 9=Unk		
anti-HCV cut off ratio	ANTI_HCV_CUT	C8	Free Text		
supplemental assay	SUPPLEMENTAL	C1	1=Positive, 2=Negative, 9=Unk		
HCV RNA	HCV_RNA	C1	1=Positive, 2=Negative, 9=Unk		
anti-HDV	ANTI_HDV	C1	1=Positive, 2=Negative, 9=Unk		
anti-HEV	ANDI_HEV	C1	1=Positive, 2=Negative, 9=Unk		
Epi link	EPILINK	C1	1=Yes, 2=No, 9=Unk		
Diagnoses				check all that apply	

Acute Hep A	HEPA	C1	1=Acute Hep A		
Acute Hep B	HEPB_ACUTE	C1	1=Acute Hep B		
Chronic Hep B	HEPB_CHRON	C1	1=Chronic Hep B		
Perinatal HBV	HEPB_PN	C1	1=Perinatal Hep B		
Acute Hep C	HEPC_ACUTE	C1	1=Acute Hep C		
HCV Infection (chronic or resolved)	HEPC_CHRO	C1	1=HCV Infection (chronic or resolved)		
Hepatitis Delta	HEPDELTA	C1	1=Hep Delta		
Acute Hep E	HEPE	C1	1=Acute Hep E		
Acute non-ABCD hepatitis	HEP_NONABCD	C1	1=Acute non-ABCD		
Liver Enzyme Levels at Time of Diagnosis					
ALT	ALT	N4	Free Text		
date of ALT	DTALT	num date	MMDDCCYY		
ALT Upper limit normal	ALTNORM	N4	Free Text		
AST	AST	N4	Free Text		
date of AST	DTAST	num date	MMDDCCYY		
AST upper limit normal	ASTNORM	N4	Free Text		
Diagnoses				check all that apply	
Acute Hep A	HEPA	C1	1=Acute Hep A		
Acute Hep B	HEPB_ACUTE	C1	1=Acute Hep B		
Chronic Hep B	HEPB_CHRON	C1	1=Chronic Hep B		
Perinatal HBV	HEPB_PN	C1	1=Perinatal Hep B		
Acute Hep C	HEPC_ACUTE	C1	1=Acute Hep C		
Hepatitis Delta	HEPDELTA	C1	1=Hep Delta		
Acute Hep E	HEPE	C1	1=Acute Hep E		
Acute non-ABCD hepatitis	HEP_NONABCD	C1	1=Acute non-ABCD		
Patient Vaccination History					
Did patient ever receive Hep B vaccine	VACCINE	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt for VACCINE_NUM and VACCINE_YEAR	
Number of shots received	VACCINE_NUM	C1	1='1', 2='2', 3='3+'		
Year of last shot	VACCINE_YEAR	num date	CCYY		
Was patient tested for anti-HBs within 1-2 mos after last dose	ANTIHBS	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt for ANTIHBS_REACT	
Was serum anti-HBs $\geq$ 10mIU/ml	ANTIHBS_REACT	C1	1=Yes, 2=No, 9=Unk		

IZ Branch Case ID Number Algorithm

Currently a 6-digit number (that may change)

Digit   Value assigned
1st   Disease code
          1 = Pertussis
          2 = Hflu
          3 = Measles
          4 = Rubella
          5 = Tetanus

2nd   Last digit of year
          May lead to problems if there is more than 10 years of data

3rd - 6th   sequencial number assigned as form is entered into system (0001 - 9999)

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data
Dictionaries & Forms\WebCMR New Forms Hflu Measles Pertussis Rubella Varicella (and Hep B Branch)

19

APPENDIX 15

U.S. DEPARTMENT IF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, GA 30333

(scanned version only)

CDC

Congenital Rubella Syndrome Case Report

Date of Report _____   Date of Last Evaluation of Infant _____

I Patient Information

Child's Name _____ (Last) _____ (First) _____ (Middle)

Current Address (County, State and Zip Code)	Age Congenital Rubella Syndrome Diagnosed
	Years ____ Months ____ ☐ <1 Month ☐ Unk.

Date of Birth	Birth Weight	Gestational Age	Sex	Race:	Ethnicity:
☐☐ ☐☐ ☐☐ Mo. Day Yr.	_____ Grams _____ lbs. _____ oz. ☐ Unk.	_____ weeks	☐ M ☐ F ☐ Unk.	☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Other (Please Specify _____)	☐ Hispanic Origin ☐ Not of Hispanic Origin ☐ Unk.

II Clinical Characteristics

	Yes No Unk.		Yes No Unk.
Cataracts _____	☐☐☐	Meningoencephalitis _____	☐☐☐
Hearing Loss _____	☐☐☐	Microcephaly _____	☐☐☐
Mental Retardation _____	☐☐☐	Purpura _____	☐☐☐
Congenital Heart Disease 1. Patent Ductus Arterious	☐☐☐	Enlarged Spleen _____	☐☐☐
2. Peripheral Pulmonic Stenosis	☐☐☐	Enlarged Liver _____	☐☐☐
3. Congenital Heart Disease Type Unknown	☐☐☐	Long Bone Radiolucencies _____	☐☐☐
		Congenital Glaucoma _____	☐☐☐
4. Other (Specify) _____		Pigmentary Retinopathy _____	☐☐☐

Other Abnormalities   If Yes, Specify _____
☐ Yes ☐ No ☐ Unk. _____

Is Child Living? ☐ Yes ☐ No ☐ Unk.	If No, Date of Death ☐☐ ☐☐ ☐☐ ☐ Unk. Mo. Day Yr.	Causes of Death: (From Death Certificate 1. _____ 2. _____

If Child Died, Was autopsy performed? ☐ Yes ☐ No ☐ Unk.	Final Anatomical Diagnosis: _____

III Maternal History

Mother's Name (Last) (First) (Middle)	Age at Delivery _____ yrs.	Occupation at Time of Conception _____ ☐ Unemployed ☐ Unk.

Did Mother Attend Family Planning Clinic Prior to Conception? ☐ Yes ☐ No ☐ Unk.	No. of Previous Live Births _____ ☐ Unk.	No. of Previous Pregnancies _____ ☐ Unk.	Prenatal Care for this Pregnancy ☐ Yes ☐ No ☐ Unk. Date of 1st Visit ☐☐ ☐☐ ☐☐ ☐ Unk. Mo. Day Yr.	Was Prenatal Care Obtained in the: ☐ Public Sector ☐ Private Sector ☐ Unk.

Rubella-Like Illness During Pregnancy ☐ Yes ☐ No ☐ Unk.	If Yes, Month of Pregnancy _____ ☐ Unk.	Was Rubella Diagnosed by a Physician at the Time of Illness? ☐ Yes ☐ No ☐ Unk. If not MD, by Whom	Was Rubella Serologically Confirmed at the Time of Illness? ☐ Yes ☐ No ☐ Unk.

Location of Exposure: Within the United States ☐ Yes ☐ No ☐ Unk. Outside United States ☐ Yes ☐ No ☐ Unk. If Yes, please specify country (if possible, please specify city/county) _____	If Location of Exposure is Unknown, then during 1st Trimester of Pregnancy did the Mother travel outside the United States? ☐ Yes ☐ No ☐ Unk. If Yes, please specify country (if possible, please specify city/county) _____ Dates of Travel _____ ☐ Unk	Source of Exposure: Was the Mother Directly Exposed to a Known Rubella Case? ☐ Yes ☐ No ☐ Unk. If Yes, please specify relationship _____ Date of Exposure _____ ☐ Unk

Number of Other Children <18 yrs. Living in Household During this Pregnancy	Were any of the Children Immunized with Rubella Vaccine? ☐ Yes ☐ No ☐ Unk.

CDC 71.17 Rev. 3/95   (Scanned version by California DHS 0803)   page 1 of 2

Local Health Department: Please send completed form, via your CD reporting staff, to: State Department of Health Services, DCDC/Infectious Diseases Branch, Surveillance & Statistics Section, P.O. Box 942732, MS 7306, Sacramento, CA 94234-7320.

Clinical Features of Maternal Illness:	Yes	No	Unk.
Rash:	☐	☐	☐
Date of Onset ☐☐ ☐☐ ☐☐			☐
Fever:	☐	☐	☐
Lymphadenopathy:	☐	☐	☐
Arthralgia/Arthritis:	☐	☐	☐
Other (Specify) _____			

Mother Immunized with Rubella Vaccine
☐ Yes ☐ No ☐ Unk.
If Yes, Date Vaccinated: ☐☐ ☐☐ ☐☐

If Yes, Source of Information   Source of Vaccine:
☐ Physician   ☐ Public Sector
☐ School   ☐ Private Sector
☐ Mother Only   ☐ Unk.
☐ Other (Specify) _____

Did the mother have serological testing for rubella immunity prior to exposure?
☐ Yes ☐ No ☐ Unk.
If Yes, Date _____
(year, month if available)
Interpretation of Test Results:
☐ Susceptible ☐ Immune ☐ Unk.
If More than one serologic test, Please include dates & results for each time tested.

IV Laboratory

Specimens for Viral Study ☐ Yes   ☐ No

(Check one) Mother	Infant	Type Specimen	Date Collected	Laboratory	Specific Test Methods Used (See Below)*	Test Results
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			

V Appraisal

☐ Confirmed   ☐ Probable   ☐ Possible   ☐ Infection Only   ☐ Not CRS   ☐ Stillbirth   ☐ Unk.
☐ Indigenous to U.S.   ☐ Imported to U.S.

Investigator's Name (Print)	Telephone	Date
Physician Responsible for Child's Care		Telephone

Source of Report:
☐ Private MD   ☐ Death Record   ☐ Birth Record   ☐ Laboratory   ☐ Hospital   ☐ Other

VI Lab Test Methods

Methods Available:

a) Viral Cultures   d) ELISA   g) Passive Hemaglutination (PHA)
b) RIA   e) Hemaglutination Inhibition (HAI)   h) Other (Please Specify _____
c) IFA   f) Latex Agglutination

*If Antibody Testing was Performed, Please Specify Which Rubella-Specific Immunoglobin Antibody (IgM or IgG) was used.

Definitions

Case Definitions

Clinical Description:
An illness of newborns resulting from rubella infection in utero and characterized by signs and symptoms from the following categories:
A. Cataracts/congenital glaucoma, congenital heart disease (most commonly patent ductus arteriosus, peripheral pulmonary artery stenosis), loss of hearing, pigmentary retinopathy.
B. Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meningoencephalitis, radiolucent bone disease.

Clinical Case Definition:
Presence of any defects or laboratory data consistent with congenital rubella infection (as reported by a health professional).

Laboratory Criteria for Diagnosis:
● Isolation of rubella virus, or
● Demonstration of rubella-specific IgM antibody, or
● An infant's rubella antibody level that persists above and beyond that expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month).

Case Classification:
Possible: A case with some compatible clinical findings but not meeting the criteria for a probable case.
Probable: A case that is not laboratory-confirmed and that has any two complications listed in A above, or one complication from A and one from B.
Confirmed: A clinically compatible case that is laboratory-confirmed.
Infection Only: A case with laboratory evidence of infection, but without any clinical symptoms or signs.
Comment: In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication.

Other Definitions:
Imported to U.S.: A case which has its source of exposure outside the United States.
Indigenous to U.S.: Any case which cannot be proved to be imported.

CDC 71.17
Rev. 3/95
(Back)

CRS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
PATIENT DEMOGRAPHICS				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
Case last name	L_NAME	C35	Free Text		

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR Data Dictionary Tetanus Mumps Varicella Deaths Diptheria

Polio CRS
22
Page 1 of 7
Created by SIRE Section (CaDHS IZ Branch)

CRS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days		
Case age CRS Diagnosed	AGE	Num			See var AGETYPE Above; Filled in by LHD
Calculated Age (Age Investigation Started)	AGECALC	Num		Calculated Variable: DATEINVE - BIRTHDAT	Calculated automatically; no other dates available to calculate this variable
Case gender	GENDER	C1	M=Male,F=Female		
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		
Case race (check all that apply)				check all that apply, new coding different from NETSS and AVSS	
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		

CRS FORM for WebCMR

VARIABLES	Name	Type/Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
Occupation (choose all that apply)					
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Country of Birth	B_CNTRY	C15	Free Text		
Country of Residence	R_CNTRY	C15	Free Text		
OTHER DEMOGRAPHICS					Separate tab for this section
Birth Weight (in grams)	BWT_G	Num			
Birth Weight (Lbs & oz)	BWT_LBS	C10	Free Text		
Gestational Age (in weeks)	GEST_AGE	Num			
Case ethnicity	INFANT_ETH	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		Note -- this variable is redundant; originally appears in general demographics section. We would like this variable automatically filled based on ETHNICIT
CLINICAL CHARACTERISTICS					Separate tab for this section
Cataracts	CATARACT	C1	Y=Yes, N=No, U=Unknown		
Hearing Loss	HRGLOSS	C1	Y=Yes, N=No, U=Unknown		
Mental Retardation	RETARDATION	C1	Y=Yes, N=No, U=Unknown		
Congenital Heart Disease, 1. Patent Ductus Arteriosis	CHD_PDA	C1	Y=Yes, N=No, U=Unknown		
Congenital Heart Disease, 2. Peripheral Pulmonic Stenosis	CHD_PPS	C1	Y=Yes, N=No, U=Unknown		
Congenital Heart Disease, 3. Type Unknown	CHD_UTYPE	C1	Y=Yes, N=No, U=Unknown		
Congenital Heart Disease, 4. Other	CHD_OTH	C1	Y=Yes, N=No, U=Unknown	If CHD_OTH = Y, then prompt for CHD_SPEC	
Congenital Heart Disease, 4. Other, specify type	CHD_SPEC	C15	Free Text		
Meningoencephalitis	MENINGOEN	C1	Y=Yes, N=No, U=Unknown		
Microcephaly	MICROENC	C1	Y=Yes, N=No, U=Unknown		
Purpura	PURPURA	C1	Y=Yes, N=No, U=Unknown		
Enlarged Spleen	ENL_SPLN	C1	Y=Yes, N=No, U=Unknown		
Enlarged Liver	ENL_LVR	C1	Y=Yes, N=No, U=Unknown		
Long Bone Radiolucencies	LBRADIO	C1	Y=Yes, N=No, U=Unknown		
Congenital Glaucoma	CONGGLAU	C1	Y=Yes, N=No, U=Unknown		
Pigmentary Retinopathy	PIGRETIN	C1	Y=Yes, N=No, U=Unknown		

CRS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Other Abnormalities	OTHABN	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for OTHAB_SP, else skip to LIVING	
If yes, specify other abnormalities	OTHAB_SP	C25	Free Text		
Is child living	LIVING	C1	Y=Yes, N=No, U=Unknown	If = "N" then prompt for DEATHDATE through FINANATOM else skip to MLNAME	
If no, date of death	DEATHDATE	Num Date	MMDDCCYY		
Causes of Death, #1 (from death certificate)	COD1	C25	Free Text		
Causes of Death, #2 (from death certificate)	COD2	C25	Free Text		
If child died, was autopsy performed	AUTOPSY	C1	Y=Yes, N=No, U=Unknown		
Final Anatomic Diagnosis	FINANATOM	C100	Free Text		
MATERNAL HISTORY					Separate tab for this section
Mother's Last Name	MLNAME	C35	Free Text		
Mother's First Name	MFNAME	C25	Free Text		
Mother's Middle Name	MMNAME	C25	Free Text		
Age at Delivery (in years)	MAGE	Num			
Occupation at time of conception	MOCCUP	C25	Free Text		
Did mother attend Family Planning Clinic prior to conception?	MFPCLINIC	C1	Y=Yes, N=No, U=Unknown		
Number of previous live births	MLIVEBRTH	Num			
Number of previous pregnancies	MPREG	Num			
Prenatal care for this pregnancy	MPRENATAL	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for MFIRSTVIS and MPRNLOC, else skip to MRUBPREG	
Date of first visit	MFIRSTVIS	Num Date	MMDDCCYY		
Where was prenatal care obtained	MPRNLOC	C1	1 = Public Sector, 2 = Private Sector, 9 = Unknown		
Rubella-like illness during pregnancy	MRUBPREG	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for MRUBMONTH through MRUBSEML, else skip to EXP_IN_US	
If yes, month of pregnancy	MRUBMONTH	Num			
Was rubella diagnosed by a physician at time of illness	MRUB_DX_MD	C1	Y=Yes, N=No, U=Unknown		
If not by MD, then whom	MRUB_DXOTH	C25	Free Text		
Was rubella serologically confirmed at time of illness	MRUBSERO	C1	Y=Yes, N=No, U=Unknown		
Location of Exposure within U.S.	EXP_IN_US	C1	Y=Yes, N=No, U=Unknown		
Location of Exposure outside U.S.	EXP_OUT_US	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EXP_COUNTRY, If = "U" then prompt for TRAV_TRIM1, else skip to EXP_KNOWN	
If outside of U.S., specify country if known	EXP_COUNTRY	C25	Free Text		
If exposure location unknown, did mother travel outside U.S. during 1st trimester	TRAV_TRIM1	C1	Y=Yes, N=No, U=Unknown		
If yes, specify country of travel	TRAV_CNTRY	C25	Free Text		
Date of travel, if known	TRAV_DATE	Num Date	MMDDCCYY		
Source of Exposure: was mother directly exposed to known rubella case	EXP_KNOWN	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EXP_RELAT through EXP_DATE, else skip to CHLD_HHD	
If yes, specify relationship	EXP_RELAT	C25	Free Text		
Date of exposure, if known	EXP_DATE	Num Date	MMDDCCYY		

CRS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Number of other children <18 yrs living in household during this pregnancy	CHLD_HHD	Num			
Were any of the children immunized with rubella-containing vaccine	CHLD_VAC	C1	Y=Yes, N=No, U=Unknown		
Clinical features of Maternal Illness					Separate subheader for this section
Maternal Rash	M_RASH	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for MRASH_ON, else skip to MFEVER	
Date of onset of maternal rash	MRASH_ON	Num Date	MMDDCCYY		
Fever	MFEVER	C1	Y=Yes, N=No, U=Unknown		
Lymphadenopathy	MLYMPH	C1	Y=Yes, N=No, U=Unknown		
Arthralgia/Arthritis	MARTH	C1	Y=Yes, N=No, U=Unknown		
Other symptoms, specify	MOTHSYMP	C25	Free Text		
Mother's Immunization History					Separate subheader for this section
Mother immunized with rubella-containing vaccine	MVACC	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for MVACDATE through MVACSCTR, else skip to MRUBSERO	
If yes, date vaccinated	MVACDATE	Num Date	MMDDCCYY		
Source of information	MVACSRC	C1	1 = Physician, 2 = School, 3 = Mother only, 4 = Other		
Mother vaccinated in what sector	MVACSCTR	C1	1 = Public Sector, 2 = Private Sector, 9 = Unknown		
Mother's Rubella Immunity					Separate subheader for this section
Did mother have serological testing for rubella immunity prior to exposure	MRUBSERO	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for MSERODATE and MSERO_INT, else skip to VIRAL	
If yes, date of serological testing	MSERODATE	Num Date	MMDDCCYY		
Interpretation of results of mother's serological testing	MSERO_INT	C1	1 = Susceptible, 2 = Immune, 9 = Unknown		
LABORATORY TESTING					Separate tab for this section
Specimens for viral study	VIRAL	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for S1_SOURCE through S8_RESULT, else skip to APPRAIS	
Specimen 1, from mother or infant	S1_SOURCE	C1	1 = Mother, 2 = Infant, 9 = Unknown		
Specimen 1, Type	S1_TYPE	C15	Free Text		
Specimen 1, Date Collected	S1_DATE	Num Date	MMDDCCYY		
Specimen 1, Laboratory testing	S1_LAB	C15	Free Text		
Specimen 1, Test method used	S1_METHOD	C1	A = Viral culture, B = RIA, C = IFA, D = ELISA, E = Hemaglutination Inhibition (HIA), F = Latex Agglutination, G = Passive Hemaglutination (PHIA), H = Other		
Specimen 1, Specify other test method	S1_OTHMETH	C15	Free Text		
Specimen 1, Test result	S1_RESULT	C15	Free Text		
Specimen 2, from mother or infant	S2_SOURCE	C1	1 = Mother, 2 = Infant, 9 = Unknown		
Specimen 2, Type	S2_TYPE	C15	Free Text		
Specimen 2, Date Collected	S2_DATE	Num Date	MMDDCCYY		
Specimen 2, Laboratory testing	S2_LAB	C15	Free Text		
Specimen 2, Test method used	S2_METHOD	C1	A = Viral culture, B = RIA, C = IFA, D = ELISA, E = Hemaglutination Inhibition (HIA), F = Latex Agglutination, G = Passive Hemaglutination (PHIA), H = Other		
Specimen 2, Specify other test method	S2_OTHMETH	C15	Free Text		

CRS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Specimen 2, Test result	S2_RESULT	C15	Free Text		
Specimen 3, from mother or infant	S3_SOURCE	C1	1 = Mother, 2 = Infant, 9 = Unknown		
Specimen 3, Type	S3_TYPE	C15	Free Text		
Specimen 3, Date Collected	S3_DATE	Num Date	MMDDCCYY		
Specimen 3, Laboratory testing	S3_LAB	C15	Free Text		
Specimen 3, Test method used	S3_METHOD	C1	A = Viral culture, B = RIA, C = IFA, D = ELISA, E = Hemaglutination Inhibition (HIA), F = Latex Agglutination, G = Passive Hemaglutination (PHIA), H = Other		
Specimen 3, Specify other test method	S3_OTHMETH	C15	Free Text		
Specimen 3, Test result	S3_RESULT	C15	Free Text		
Specimen 4, from mother or infant	S4_SOURCE	C1	1 = Mother, 2 = Infant, 9 = Unknown		
Specimen 4, Type	S4_TYPE	C15	Free Text		
Specimen 4, Date Collected	S4_DATE	Num Date	MMDDCCYY		
Specimen 4, Laboratory testing	S4_LAB	C15	Free Text		
Specimen 4, Test method used	S4_METHOD	C1	A = Viral culture, B = RIA, C = IFA, D = ELISA, E = Hemaglutination Inhibition (HIA), F = Latex Agglutination, G = Passive Hemaglutination (PHIA), H = Other		
Specimen 4, Specify other test method	S4_OTHMETH	C15	Free Text		
Specimen 4, Test result	S4_RESULT	C15	Free Text		
Specimen 5, from mother or infant	S5_SOURCE	C1	1 = Mother, 2 = Infant, 9 = Unknown		
Specimen 5, Type	S5_TYPE	C15	Free Text		
Specimen 5, Date Collected	S5_DATE	Num Date	MMDDCCYY		
Specimen 5, Laboratory testing	S5_LAB	C15	Free Text		
Specimen 5, Test method used	S5_METHOD	C1	A = Viral culture, B = RIA, C = IFA, D = ELISA, E = Hemaglutination Inhibition (HIA), F = Latex Agglutination, G = Passive Hemaglutination (PHIA), H = Other		
Specimen 5, Specify other test method	S5_OTHMETH	C15	Free Text		
Specimen 5, Test result	S5_RESULT	C15	Free Text		
Specimen 6, from mother or infant	S6_SOURCE	C1	1 = Mother, 2 = Infant, 9 = Unknown		
Specimen 6, Type	S6_TYPE	C15	Free Text		
Specimen 6, Date Collected	S6_DATE	Num Date	MMDDCCYY		
Specimen 6, Laboratory testing	S6_LAB	C15	Free Text		
Specimen 6, Test method used	S6_METHOD	C1	A = Viral culture, B = RIA, C = IFA, D = ELISA, E = Hemaglutination Inhibition (HIA), F = Latex Agglutination, G = Passive Hemaglutination (PHIA), H = Other		
Specimen 6, Specify other test method	S6_OTHMETH	C15	Free Text		
Specimen 6, Test result	S6_RESULT	C15	Free Text		
Specimen 7, from mother or infant	S7_SOURCE	C1	1 = Mother, 2 = Infant, 9 = Unknown		
Specimen 7, Type	S7_TYPE	C15	Free Text		
Specimen 7, Date Collected	S7_DATE	Num Date	MMDDCCYY		
Specimen 7, Laboratory testing	S7_LAB	C15	Free Text		

CRS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Specimen 7, Test method used	S7_METHOD	C1	A = Viral culture, B = RIA, C = IFA, D = ELISA, E = Hemaglutination Inhibition (HIA), F = Latex Agglutination, G = Passive Hemaglutination (PHIA), H = Other		
Specimen 7, Specify other test method	S7_OTHMETH	C15	Free Text		
Specimen 7, Test result	S7_RESULT	C15	Free Text		
Specimen 8, from mother or infant	S8_SOURCE	C1	1 = Mother, 2 = Infant, 9 = Unknown		
Specimen 8, Type	S8_TYPE	C15	Free Text		
Specimen 8, Date Collected	S8_DATE	Num Date	MMDDCCYY		
Specimen 8, Laboratory testing	S8_LAB	C15	Free Text		
Specimen 8, Test method used	S8_METHOD	C1	A = Viral culture, B = RIA, C = IFA, D = ELISA, E = Hemaglutination Inhibition (HIA), F = Latex Agglutination, G = Passive Hemaglutination (PHIA), H = Other		
Specimen 8, Specify other test method	S8_OTHMETH	C15	Free Text		
Specimen 8, Test result	S8_RESULT	C15	Free Text		
APPRAISAL					Separate tab for this section
Appraisal (or case status)	APPRAIS	C1	1 = Confirmed, 2 = Probable, 3 = Possible, 4 = Infection Only, 5 = Not CRS, 6 = Stillbirth, 9 = Unknown		
Import Status	IMPORT	C1	1 = Indigenous; 2 = Imported, 9 = Unknown		
Source of Report	REPSOURCE	C1	1 = Private MD, 2 = Death Record, 3 = Birth Record, 4 = Laboratory, 5 = Hospital, 6 = Other, 9 = Unknown		
ATTACHMENTS					Separate tab for this section
CRS Maternal Questionnaire					
CRS Chart Review form					

State of California—Health and Human Services Agency

Department of Health Services
Surveillance and Statistics Section
MS 7306
P.O. Box 997413
Sacramento, CA 95899-7413

DIPHTHERIA CASE REPORT

Patient name–last	first	middle initial	Date of birth	Age	Sex

Address–number, street	City	State	County	ZIP code

Telephone number

Home ( )   Work ( )

RACE (check one)

☐ African-American/Black   ☐ White   ☐ Native American   ☐ Asian/Pacific Islander   ☐ Other _____

ETHNICITY (check one)   ☐ Hispanic/Latino   ☐ Non-Hispanic/Non-Latino

If Asian/Pacific Islander, please check one: ☐ Asian Indian   ☐ Cambodian   ☐ Chinese   ☐ Filipino   ☐ Guamanian   ☐ Hawaiian

☐ Japanese   ☐ Korean   ☐ Laotian   ☐ Samoan   ☐ Vietnamese   ☐ Other _____

PRESENT ILLNESS

Onset date (mm/dd/yy)	Diagnosis date (mm/dd/yy)	Hospitalized ☐ Yes ☐ No	Attending physician or consultant physician	Telephone number ( )
Admit date (mm/dd/yy)	Discharge date (mm/dd/yy)	Medical record number	Hospital name	Telephone number ( )

Brief clinical description (include nature and location of membrane, history of contact, probable source, etc.) (List household contacts in Remarks section.)

Outcome of case
☐ Recovered
☐ Sequelae
☐ Died—Date: _____

HISTORY OF PREVIOUS IMMUNIZATION (Check one)   ☐ Yes   ☐ No

		Date Given	Dose	Type of Product (If known) (1) fluid toxoid OR (2) precipitated or adsorbed toxoid
Primary Immunization	First			
	Second			
	Third			
Boosters	First			
	Second			

Comments

THERAPY—SPECIFIC (Check one)   ☐ Yes   ☐ No

Antitoxin	Date	Hour	Units	Route of Administration	Manufacturer
First dose					
Second dose					
Third dose					

Therapeutic response: ☐ Prompt   ☐ Delayed   ☐ None

Other medical treatment (specify product)	Date of first dose	Date of second dose

Name of attending physician	Address

BASIS FOR DIAGNOSIS

☐ Clinical only   ☐ Laboratory tests   Note: Positive cultures may be sent to the State Laboratory for virulence test and typing.

Type of Test	Date	Results	Name and Address of Laboratory
☐ Smear			
☐ Culture			
☐ Virulence			

DHS 8579 (7/04)   Page 1 of 2

PATIENT'S TRAVEL INFORMATION

Country of Residence

☐ United States   ☐ Other, specify _____ .   Date of U.S. arrival _____ / _____ / _____
                                                                                                                        MM   DD   YY

History of **International** Travel (two weeks prior to the onset)

☐ Yes   ☐ No   ☐ Unknown   If yes, please provide the following information:

Country(s) Visited	Month/Day/Year	Month/Day/Year
1.	From:	To:
2.	From:	To:
3.	From:	To:
4.	From:	To:
5.	From:	To:

History of **Interstate** Travel (two weeks prior to the onset)

☐ Yes   ☐ No   ☐ Unknown   If yes, please provide the following information:

State(s) Visited	Month/Day/Year	Month/Day/Year
1.	From:	To:
2.	From:	To:
3.	From:	To:
4.	From:	To:
5.	From:	To:

Known exposure to Diphtheria cases or carrier?   ☐ Yes   ☐ No   ☐ Unknown   If yes, when _____   where _____

Known exposure to international travelers?   ☐ Yes   ☐ No   ☐ Unknown   If yes, when _____   where _____

Known exposure to immigrants?   ☐ Yes   ☐ No   ☐ Unknown   If yes, when _____   where _____

REMARKS (Include comment if pertinent regarding occupation, economic status, environment, etc. Also note if other cases known in area or if this is single sporadic case.)

Investigator name (print)	Date	Telephone number
		( )

Agency name

CASE DEFINITION

CDC/MMWR, October 19, 1990/Vol. 39/No. RR-13 "Case Definitions for Public Health Surveillance."

Diphtheria

Case definition/clinical description:
An upper respiratory tract illness characterized by sore throat, low-grade fever, and an adherent membrane of the tonsil(s), pharynx, and/or nose without other apparent cause (as reported by a health professional).

Laboratory criteria for diagnosis:
- Isolation of *Corynebacterium diphtheriae* from a clinical specimen.

Case classification:
Probable: Meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case.
Confirmed: Meets the clinical case definition and is either laboratory confirmed or epidemiologically linked to a laboratory-confirmed case.

Comment:
Cutaneous diphtheria should not be reported.

DIPHTHERIA FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
PATIENT DEMOGRAPHICS				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR Data Dictionary Tetanus Mumps Varicella Deaths Diphtheria Polio CRS

31

Page 1 of 6

Created by SIRE Section (CaDHS IZ Branch)

**DIPHTHERIA FORM for
WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days	If not null, prompt for AGE	
Case age	AGE	Num		If not null, prompt for AGETYPE	Filled in by LHD
Calculated Age (at onset)	AGECALC	Num		Calculated Variable: SYMP_ON - BIRTHDAT	Calculated automatically
Case gender	GENDER	C1	M=Male,F=Female		
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		
Case race (check all that apply)				check all that apply, new coding different from NETSS and AVSS	
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		

DIPHTHERIA FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
Occupation (choose all that apply)					
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Country of Birth	B_CNTRY	C15	Free Text		
Country of Residence	R_CNTRY	C15	Free Text		
PRESENT ILLNESS					Separate tab for this section
Onset Date	SYMP_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Diagnosis Date	DXDATE	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after SYMP_ON	
Hospitalized	HOSPITAL	C1	Y=Yes, N=No, U=Unknown		
Attending Physician or consulting physician	PHYSICIAN	C25	Free Text		
Telephone number of physician	PHYS_PHONE	C15	Free Text		
Admit Date	ADMITDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
Discharge Date	DISCHDATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Medical Record Number	MEDRECNUM	C15	Free Text		
Hospital Name	HOSP_NAME	C25	Free Text		
Hospital Phone Number	HOSP_PHONE	C15	Free Text		
Brief clinical description (include nature and location of membrane, history of contact, probable source, etc.)	CLIN_DESC	C200	Free Text		
Outcome of case	OUTCOME	C1	R = Recovered, S = Sequelae, D = Died	If = "D" then prompt for DEATHDAT	
If died, date of death	DEATHDAT	Num Date	MMDDCCYY		
IMMUNIZATION HISTORY					Separate tab for this section
History of Previous Immunization?	IMMUNIZ	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for PRIM1_DATE through BSTR2_TYPE, else skip to IZHIST_CMTS	

DIPHTHERIA FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
First Primary Immunization: Date Given	PRIM1_DATE	Num Date	MMDDCCYY		
First Primary Immunization: Dose	PRIM1_DOSE	Num			
First Primary Immunization: Type of Product	PRIM1_TYPE	C25	Free Text		
Second Primary Immunization: Date Given	PRIM2_DATE	Num Date	MMDDCCYY		
Second Primary Immunization: Dose	PRIM2_DOSE	Num			
Second Primary Immunization: Type of Product	PRIM2_TYPE	C25	Free Text		
First Booster: Date Given	BSTR1_DATE	Num Date	MMDDCCYY		
First Booster: Dose	BSTR1_DOSE	Num			
First Booster: Type of Product	BSTR1_TYPE	C25	Free Text		
Second Booster: Date Given	BSTR2_DATE	Num Date	MMDDCCYY		
Second Booster: Dose	BSTR2_DOSE	Num			
Second Booster: Type of Product	BSTR2_TYPE	C25	Free Text		
Immunization History Comments	IZHIST_CMTS	C50	Free Text		
THERAPY					Separate tab for this section
Antitoxin therapy given?	ATXN	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for ATXN1DAT through THERRESP, else skip to OTHMEDTX	
Antitoxin first dose date	ATXN1DAT	Num Date	MMDDCCYY		
Antitoxin first dose hour/time	ATXN1HR	Num Time	Military time		
Antitoxin first dose units	ATXN1UNIT	Num			
Antitoxin first dose route of administration	ATXN1RTE	C15	Free Text		
Antitoxin first dose manufacturer	ATXN1MANF	C25	Free Text		
Antitoxin second dose date	ATXN2DAT	Num Date	MMDDCCYY		
Antitoxin second dose hour/time	ATXN2HR	Num Time	Military time		
Antitoxin second dose units	ATXN2UNIT	Num			
Antitoxin second dose route of administration	ATXN2RTE	C15	Free Text		
Antitoxin second dose manufacturer	ATXN2MANF	C25	Free Text		
Antitoxin third dose date	ATXN3DAT	Num Date	MMDDCCYY		
Antitoxin third dose hour/time	ATXN3HR	Num Time	Military time		
Antitoxin third dose units	ATXN3UNIT	Num			
Antitoxin third dose route of administration	ATXN3RTE	C15	Free Text		
Antitoxin third dose manufacturer	ATXN3MANF	C25	Free Text		
Therapeutic response	THERRESP	C1	1 = Prompt, 2 = Delayed, 3 = None		
Other medical treatment (specify product)	OTHMEDTX	C25	Free Text		
Date of first dose of other treatment	OMTDAT1	Num Date	MMDDCCYY		
Date of second dose of other treatment	OMTDAT2	Num Date	MMDDCCYY		
Name of attending physician (if different from physican listed in "Present Illness" section	OMT_MD	C25	Free Text		
Address of attending physician	OMTMDADR	C25	Free Text		
BASIS FOR DIAGNOSIS (LABORATORY RESULTS)					Separate tab for this section

**DIPHTHERIA FORM for
WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Clinical or Laboratory	CLINVSLAB	C1	1 = Clinical only, 2 = Laboratory Tests	If = "2" then prompt for SMR_DATE through VIR_LADRS, else skip to USARV_DT	
Smear Date	SMR_DATE	Num Date	MMDDCCYY		
Smear Results	SMR_RES	C25	Free Text		
Smear Lab Name	SMR_LAB	C25	Free Text		
Smear Lab Address	SMR_LADRS	C25	Free Text		
Culture Date	CUL_DATE	Num Date	MMDDCCYY		
Culture Results	CUL_RES	C25	Free Text		
Culture Lab Name	CUL_LAB	C25	Free Text		
Culture Lab Address	CUL_LADRS	C25	Free Text		
Virulence test date	VIR_DATE	Num Date	MMDDCCYY		
Virulence test results	VIR_RES	C25	Free Text		
Virulence test Lab name	VIR_LAB	C25	Free Text		
Virulence test Lab address	VIR_LADRS	C25	Free Text		
PATIENT'S TRAVEL INFORMATION					Separate tab for this section
Country of Residence	CTRY_RES	C25	Free Text		Note -- this is a redundant variable; repeated in CMR section. We would like to autofill this variable if possible.
If not U.S. resident, date of U.S. arrival	USARV_DT	Num Date	MMDDCCYY		
History of international travel (two weeks prior to the onset)	INTNL_TRV	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for CNTRY1 through CT5_DEP, else skip to INTST_TRV	
If yes, Country #1 visited	CNTRY1	C25	Free Text		
Date of arrival in Country #1	CT1_ARV	Num Date	MMDDCCYY		
Date of departure from Country #1	CT1_DEP	Num Date	MMDDCCYY		
Country #2 visited	CNTRY2	C25	Free Text		
Date of arrival in Country #2	CT2_ARV	Num Date	MMDDCCYY		
Date of departure from Country #2	CT2_DEP	Num Date	MMDDCCYY		
Country #3 visited	CNTRY3	C25	Free Text		
Date of arrival in Country #3	CT3_ARV	Num Date	MMDDCCYY		
Date of departure from Country #3	CT3_DEP	Num Date	MMDDCCYY		
Country #4 visited	CNTRY4	C25	Free Text		
Date of arrival in Country #4	CT4_ARV	Num Date	MMDDCCYY		
Date of departure from Country #4	CT4_DEP	Num Date	MMDDCCYY		
Country #5 visited	CNTRY5	C25	Free Text		
Date of arrival in Country #5	CT5_ARV	Num Date	MMDDCCYY		
Date of departure from Country #5	CT5_DEP	Num Date	MMDDCCYY		
History of interstate travel (two weeks prior to the onset)	INTST_TRV	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for STATE1 through ST5_DEP, else skip to EXP_CASE	
If yes, State #1 visited	STATE1	C2	Use 2 digit state codes		
Date of arrival in State #1	ST1_ARV	Num Date	MMDDCCYY		
Date of departure from State #1	ST1_DEP	Num Date	MMDDCCYY		
State #2 visited	STATE2	C2	Use 2 digit state codes		
Date of arrival in State #2	ST2_ARV	Num Date	MMDDCCYY		
Date of departure from State #2	ST2_DEP	Num Date	MMDDCCYY		
State #3 visited	STATE3	C2	Use 2 digit state codes		
Date of arrival in State #3	ST3_ARV	Num Date	MMDDCCYY		
Date of departure from State #3	ST3_DEP	Num Date	MMDDCCYY		
State #4 visited	STATE4	C2	Use 2 digit state codes		
Date of arrival in State #4	ST4_ARV	Num Date	MMDDCCYY		
Date of departure from State #4	ST4_DEP	Num Date	MMDDCCYY		
State #5 visited	STATE5	C2	Use 2 digit state codes		

DIPHTHERIA FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Date of arrival in State #5	ST5_ARV	Num Date	MMDDCCYY		
Date of departure from State #5	ST5_DEP	Num Date	MMDDCCYY		
Known exposure to diphtheria cases or carrier	EXP_CASE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EXP_WHEN through EXP_WHERE, else skip to EXP_TRAV	
If yes, when	EXP_WHEN	C25	Free Text		
If yes, where	EXP_WHERE	C25	Free Text		
Known exposure to international travelers	EXP_TRAV	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EXTRWHEN through EXTRWHERE, else skip to EXP_IMMIG	
If yes, when	EXTRWHEN	C25	Free Text		
If yes, where	EXTRWHERE	C25	Free Text		
Known exposure to immigrants	EXP_IMMIG	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EXIMGWHEN through EXIMGWHERE, else skip to REMARKS	
If yes, when	EXIMGWHEN	C25	Free Text		
If yes, where	EXIMGWHERE	C25	Free Text		
REMARKS					Separate tab for this section
REMARKS (include comment if pertinent regarding occupation, economic status, environment, etc. Also note if other cases known in area or if this is single sporadic case)	REMARKS	C200	Free Text		

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR Data Dictionary Tetanus Mumps Varicella Deaths Diphtheria Polio CRS
36

Diphtheria
Page 6 of 6
Created by SIRE Section (CaDHS IZ Branch)

State of California—Health and Human Services Agency

Department of Health Services
DCDC, Immunization Branch
Bldg. P, 2nd Floor
850 Marina Bay Parkway
Richmond, CA 94804

INVASIVE HAEMOPHILUS INFLUENZAE DISEASE CASE REPORT

PATIENT DEMOGRAPHICS

Patient name—last   first   middle initial | Date of birth ____/____/_____ | Age (enter age and check one) _____ ☐ Days ☐ Weeks ☐ Months ☐ Years | Gender ☐ Male ☐ Female

Address (number, street) | City | State | ZIP code | County

ETHNICITY (check one)   ☐ Hispanic or Latino   ☐ Not Hispanic or Latino   ☐ Unknown

RACE (check all that apply)

☐ Unknown
☐ African-American or Black
☐ American Indian or Alaska Native
☐ White
☐ Other: _____

☐ Asian
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino

☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian

☐ Thai
☐ Vietnamese
☐ Other Asian: _____

☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian
☐ Guamanian
☐ Samoan
☐ Other Pacific Islander: _____

Occupation (check all that apply)

☐ Food service   ☐ Health care   ☐ Day care   ☐ School   ☐ Correctional facility   ☐ Other: _____

Country of birth | Country of residence

COMMON LHD TRACKING DATA

CMRID number | IZB Case ID number | Web CMR ID number

Date reported to county ____/____/_____ | Date investigation started ____/____/_____ | Person/clinician reporting case | Reporter telephone (   )

Case investigator completing form | Investigator telephone (   ) | Investigator's LHD or jurisdiction

CLINICAL SYNDROME

(check all that apply) | Date of onset of symptoms ____/____/_____ | Date of diagnosis ____/____/_____

☐ Meningitis ☐ Bacteremia ☐ Epiglottis ☐ Pneumonia ☐ Other, describe: _____ _____

Does case meet clinical criteria for further investigation
☐ Yes ☐ No ☐ Unknown

CASE MEETS CDC/CSTE CLINICAL CRITERIA? *(FOR STATE USE ONLY)*
☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized ☐ Yes ☐ No ☐ Unknown | Days hospitalized | Death ☐ Yes ☐ No ☐ Unknown | Date of death ____/____/_____ | Other complications ☐ Yes ☐ No ☐ Unknown

Describe other complications

TREATMENT

1. Were antibiotics given ☐ Yes ☐ No ☐ Unknown | Antibiotic 1 code | Date started ____/____/_____ | Antibiotic codes: 1 = Cefotaxime sodium   6 = Rifampin
2. Were antibiotics given ☐ Yes ☐ No ☐ Unknown | Antibiotic 2 code | Date started ____/____/_____ | 2 = Ceftriaxone sodium   7 = Other
3 = Ampicillin   8 = None
4 = Chloramphenicol   9 = Unknown
5 = Ampicillin and chloramphenicol

LABORATORY TESTS

Any lab tests done? ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR LHD USE)* ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

Culture ☐ Yes ☐ No ☐ Unknown | Specimen date ____/____/_____ | Source of specimen
☐ Blood   ☐ Joint   ☐ CSF   ☐ Pleural fluid   ☐ Peritoneal fluid
☐ Placenta   ☐ Other: _____   ☐ Unknown   ☐ Pericardial fluid

Culture result
☐ P   ☐ N   ☐ I   ☐ E   ☐ X   ☐ U

LAB RESULT CODES
P=Positive   I=Indeterminate   X=Not done
N=Negative   E=Pending   U=Unknown

Was isolate serotyped? ☐ Yes ☐ No ☐ Unknown | Isolate serotype ☐ Type B   ☐ Not typeable   ☐ Other type _____   ☐ Unknown

Isolate forwarded to MDL for testing? ☐ Yes ☐ No ☐ Unknown | Date sent ____/____/_____ | MDL serotype

Isolate forwarded to CDC for testing? ☐ Yes ☐ No ☐ Unknown | Date sent ____/____/_____ | CDC serotype

CSF bacterial antigen screen ☐ Yes ☐ No ☐ Unknown | CSF bacterial antigen screen results ☐ P ☐ N ☐ U

VACCINATION/MEDICAL HISTORY

Is case ≤ 15 years of age? ☐ Yes ☐ No ☐ Unknown (*If no, skip to question regarding pregnancy.*)

Received one or more doses of HIB-containing vaccine
☐ Yes ☐ No ☐ Unknown

Number of doses prior to illness onset

Vaccination dates—Dose 1	Dose 2	Dose 3	Dose 4
____/____/_____	____/____/_____	____/____/_____	____/____/_____

Reason not vaccinated

1 ☐ Personal Beliefs Exemption (PBE)   4 ☐ Lab confirmation of previous disease   7 ☐ Delay in starting series or between doses

2 ☐ Permanent Medical Exemption (PME)   5 ☐ MD diagnosis of previous disease   8 ☐ Other

3 ☐ Temporary Medical Exemption   6 ☐ Under age for vaccination   9 ☐ Unknown

Pregnant
☐ Yes ☐ No ☐ Unknown

Immunocompromised
☐ Yes ☐ No ☐ Unknown

TRANSMISSION AND CONTACT INVESTIGATION

Spread setting *(check all that apply)*

1 ☐ Day care   4 ☐ Hospital ward   7 ☐ Home   10 ☐ College   13 ☐ Church

2 ☐ School   5 ☐ Hospital ER   8 ☐ Work   11 ☐ Military   14 ☐ International travel

3 ☐ Doctor's office   6 ☐ Outpatient hospital clinic   9 ☐ Unknown   12 ☐ Correctional Facility   15 ☐ Other

Number of contacts for whom antibiotic was recommended

Number of ill contacts

CASE CLASSIFICATION *(FOR LHD USE)*

☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case   ☐ Unknown

CASE CLASSIFICATION (FOR STATE USE ONLY)

☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case   ☐ Unknown

HAEMOPHILUS INFLUENZAE INVASIVE DISEASE CASE CLASSIFICATION

Clinical Description: Invasive disease caused by Haemophilus influenzae may produce any of several clinical syndromes, including meningitis, bacteremia, epiglottitis, or pneumonia.
Laboratory Criteria for Diagnosis: Isolation of Haemophilus influenzae from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid)

Case Classification:
Probable: a clinically compatible case with detection of Haemophilus influenzae type b antigen in CSF
Confirmed: a clinically compatible case that is laboratory confirmed

HI FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
CLINICAL SYNDROME	Assess if case is case is clinically compatible with invasive HI					**New Tab for following section**
Syndrome					Check all that apply from MENINGIT thru SX_OTHER	
Meningitis		MENINGIT	C1	Y=Yes, N=No, U=Unknown		
Bacteremia		BACTEREM	C1	Y=Yes, N=No, U=Unknown		
Epiglottis		EPIGLOTT	C1	Y=Yes, N=No, U=Unknown		
Pneumonia		PNEUMON	C1	Y=Yes, N=No, U=Unknown		
Other		SYN_OTH	C1	Y=Yes, N=No, U=Unknown	if ="Y" then prompt for SCOMMENT, else skip to DATE_DX	
Describe other types of infection		SCOMMENT	C120	Free Text		
Date of onset of symptoms		SYMPTOM_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Date of Diagnosis		DATE_DX	Num Date	MMDDCCYY	on or after BIRTHDAT	
Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" --** For LHD use only
Case meets CDC/CSTE clinical case definition for invasive Haemophilus Influenzae? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if MENINGIT = "Y" or if BACTEREM = "Y" or if EPIGLOTT = "Y" or if PNEUMON = "Y"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
OTHER SX/COMPLICATIONS	Assess Severity of Case					**New Tab for following section**
Hospitalized		HOSPITAL	C1	Y=Yes, N=No, U=Unknown	if HOSPITAL="Y" then prompt for DAYSHOSP	
Days hospitalized		DAYSHOSP	Num		if greater than 7 days prompt for confirmation	
Death		DEATH	C1	Y=Yes, N=No, U=Unknown		
Date of death		DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
Other complications		COMP_OTH	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for CCOMMENT	
Describe other complications		CCOMMENT	C120	Free Text		
TREATMENT						**New Tab for following section**
Were antibiotics given?		ANTIBIOT	C1	Y=Yes, N=No, U=Unknown	if = "Y" then prompt for ABX1, else skip to LABTEST	
Antibiotic 1 given		ABX1	C1	1 = Cefotaxime sodium, 2 = ceftriaxone sodium, 3 = ampicillin, 4 = chloramphenicol, 5 = ampicillin and chloramphenicol, 6 = rifampin, 7 = other, 8 = none, 9= unknown		1. This series of questions has two rows on the paper form -- please repeat this question 2x minimum [i.e, (ABX1 to DAYSABX1).....(ABX2 to DAYSABX3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (ABX1 to DAYSABX1).....(ABXn to DAYSABXn)]? 2. If more than two antibiotics listed, variable will be reviewed at IZ Branch; Default will be to send first two abx listed for NETSS
Date antibiotic 1 started		DATEABX1	Num Date	MMDDCCYY	on or after BIRTHDAT. Valid Range = (onsetdat - 31 days) < dateabx1 < (onsetdat + 31 days), else prompt for confirmation	
Number of days antibiotic 1 taken		DAYSABX1	Num		if DAYSABX1 = 0 or DAYSABX1 > 20 then prompt for confirmation	
LAB TESTS	Lab test results					**New Tab for following section**
Any lab test done for HI		LABTEST	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for CULTURE thru ANTG_RES, else skip to VACCINE/MEDICAL HISTORY section	
Case lab confirmed - - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if CULRES = "P"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Culture		CULTURE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DATECULT thru SEROTEST and remind with message to forward to MDL for testing	**New subsection for this & following variables - called "Culture"**
Culture specimen date		DATECULT	Num Date	MMDDCCYY	on or after BIRTHDAT	

Page 1 of 3

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR New Forms Hflu Measles Pertussis Rubella Varicella 14 2005 Created by DHS IZ Branch)

39

HI FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Source of specimen (normally sterile site)		SPECSOUR	C1	1=blood, 2 = joint, 3 = CSF, 4= pleural fluid, 5=placenta, 6= other, 7= peritoneal fluid, 8 = pericardial fluid, 9=unknown		
Culture result		CULRES	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, U=Unknown		
Was isolate serotyped?		SEROTEST	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for SEROTYPE, else skip to ANTGSCRN	
Serotype of isolate		SEROTYPE	C1	1= type B, 2 = not typeable, 8 = other, 9 = unknown		
Isolate forwarded to MDL for testing?		MDLSPEC	C1	Y=Yes, N=No, U=Unknown	If MDLSPEC = "Y" then prompt for MDLDATE, else skip to ANTGSCRN	**New subsection for this & following variables - called "MDL Serotyping"**
Date specimen sent to MDL for isolate serotyping		MDLDATE	Num date	MMDDCCYY	on or after BIRTHDAT	
MDL Serotype		MDLSERO	C3	Free Text		
Isolate forwarded to CDC for serotyping?		CDCSPEC	C1	Y=Yes, N=No, U=Unknown	If CDCSPEC = "Y" then prompt for CDCDATE thru CDCSERO, else skip to ANTGSCRN	**New subsection for this & following variables - called "CDC Serotyping"**
Date specimen sent to CDC for isolate serotyping		CDCDATE	Num date	MMDDCCYY	on or after BIRTHDAT	
CDC Serotype		CDCSERO	C3	Free Text		
CSF bacterial antigen screen?		ANTGSCRN	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for ANTG_RES, else skip to VACCINE/MEDICAL HISTORY section	
CSF bacterial antigen screen results		ANTG_RES	C1	P=pos, N=neg, U=Unknown		
VACCINATION/ MEDICAL HISTORY	Assess history of the case					**New Tab for following section**
Is case is <= 15 years of age?		NEED_VAC		Y=Yes, N=No, U=Unknown	If = "Y" then prompt for VACCINE, else skip to PREGNANT	
Received one or more doses of HIB containing vaccine		VACCINE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for NUMDOSES thru VACDATE4 and remind with message to complete Expanded Hib Case report form; if = "N" then prompt for REASON	
Number of doses prior to illness onset		NUMDOSES	C1	0=no doses, 1=1 dose, 2=2 doses, 3=3 doses, 4=4 doses, 9=unknown		
HIB vaccination date - Hib-containing vaccine 1		VACDATE1	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=1	
HIB vaccination date - Hib-containing vaccine 2		VACDATE2	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=2	
HIB vaccination date - Hib-containing vaccine 3		VACDATE3	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=3	
HIB vaccination date - Hib-containing vaccine 4		VACDATE4	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=4	
Reason for not being vaccinated		REASON	C1	1=Personal Beliefs Exemption (PBE), 2=Permanent Medical Exemption (PME), 3=Temporary Medical Exemption, 4=Lab Confirmation of previous disease, 5=MD Dx of previous disease, 6=Under Age for vaccination, 7=Delay in starting series or between doses, 8=Other, 9=Unknown		
Pregnant		PREGNANT	C1	Y=Yes, N=No, U=Unknown		
Immunocompromised		IMMUNO	C1	Y=Yes, N=No, U=Unknown		
INVESTIGATION OF TRANSMISSION & CONTACTS	Gather information on contacts -- needed to control spread of disease.					**New Tab for following section**
Spread setting - list of settings					check all that apply	**New subsection for this & following variables - called "Spread Setting"**
Unknown		S_UNKNOWN	C1	1=Unknown	if 1, skip to SUSCEPT	
Day Care		S_DAYCARE	C1	1=Day Care		
School		S_SCHOOL	C1	1=School		

HI FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Doctors Office		S_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		S_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		S_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		S_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		S_HOME	C1	1=Home		
Work		S_WORK	C1	1=Work		
College		S_COLLEGE	C1	1=College		
Military		S_MILITARY	C1	1=Military		
Correctional Facility		S_CORRFAC	C1	1=Correctional Facility		
Church		S_CHURCH	C1	1=Church		
International Travel		S_INTERNAT	C1	1=International Travel		
Other		S_OTHER	C1	1=Other		
Number of contacts for whom antibiotic was recommended		SUSCEPT	NUM			
Number of ill contacts		CONTACTS	NUM			
LHD INTERNAL TRACKING, DISEASE SPECIFIC						**On the LHD Internal Tracking Tab**
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" and IZB_CLINDEF = "Y", Only="P" if IZB_CLINDEF = "Y" and ANTG_RES = "P"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
ATTACHMENTS/LINKS	Supplemental forms - Put in Forms Tab					**New Tab for following section**
Contact spread sheet						
Quicksheet						2-page summary of essential disease protocols
CDC Expanded Case Report Form						for cases <= 15 years of age and with any Hib vaccine doses
DASH-CDC Lab Form URL						

DRAFT COPY

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES   # VIRAL HEPATITIS CASE REPORT
PUBLIC HEALTH SERVICE

CDC
Centers for Disease Control
and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____   Last: _____   First: _____   Middle: _____

Preferred Name (nickname): _____   Maiden: _____

Address: Street: _____

City: _____   Phone: (   ) -   Zip Code: ___ ___ ___ ___ ___ -- ___ ___ ___ ___

SSN # (optional) ___ ___ __ - ___ ___ - ___ ___ ___ ___

- - - - - - - - - - - - - - - - - **Only data from lower portion of form will be transmitted to CDC** - - - - - - - - - - - - -

State: _____   County: _____   Date of Public Health Report__ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system?   Yes ☐   No ☐

If yes, please enter **NETSS ID NO.** [☐☐☐☐☐☐☐☐☐]   If no, please enter **STATE CASE NO.** _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):

☐ Amer Indian or Alaska Native   ☐ Black or African American   ☐ White

☐ Asian   ☐ Native Hawaiian or Pacific Islander   ☐ Other Race, specify: _____

ETHNICITY:

Hispanic .... ☐
Non-hispanic .... ☐
Other/Unknown .... ☐

SEX: Male ☐   Female ☐   Unk ☐   **PLACE OF BIRTH:** ☐ USA   ☐ Other:_____

DATE OF BIRTH: M M / D D / Y Y Y Y   **AGE:** ___ ___ (years)   (00= <1yr , 99= Unk)

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply) ☐ Symptoms of acute hepatitis   ☐ Evaluation of elevated liver enzymes

☐ Screening of asymptomatic patient with reported risk factors   ☐ Blood / organ donor screening

☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)   ☐ Follow-up testing for previous marker of viral hepatitis

☐ Prenatal screening   ☐ Unknown   ☐ Other: specify: _____

CLINICAL DATA:

Diagnosis date: M M / D D / Y Y Y Y

	Yes	No	Unk
Is patient symptomatic?...........................	☐	☐	☐

if yes, onset date: M M / D D / Y Y Y Y

Was the patient

- Jaundiced? .... ☐ ☐ ☐
- Hospitalized for hepatitis? .... ☐ ☐ ☐

Was the patient pregnant ? .... ☐ ☐ ☐

due date : M M / D D / Y Y Y Y

Did the patient die from hepatitis? .... ☐ ☐ ☐

- Date of death: M M / D D / Y Y Y Y

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk
• Total antibody to hepatitis A virus [total anti-HAV]	☐	☐	☐
• IgM antibody to hepatitis A virus [IgM anti-HAV]	☐	☐	☐
• Hepatitis B surface antigen [HBsAg]	☐	☐	☐
• Total antibody to hepatitis B core antigen [total anti-HBc]	☐	☐	☐
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	☐	☐	☐
• Antibody to hepatitis C virus [anti-HCV]	☐	☐	☐
- anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	☐	☐	☐
• HCV RNA [e.g., PCR]	☐	☐	☐
• Antibody to hepatitis D virus [anti-HDV]	☐	☐	☐
• Antibody to hepatitis E virus [anti-HEV]	☐	☐	☐

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

- ALT [SGPT] Result _____   Upper limit normal_____
- AST [SGOT] Result _____   Upper limit normal_____
- Date of ALT result   M M / D D / Y Y Y Y
- Date of AST result   M M / D D / Y Y Y Y

- If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? ....

	Yes	No	Unk
	☐	☐	☐

DIAGNOSIS: (Check all that apply)

☐ Acute hepatitis A

☐ Acute hepatitis B   ☐ Chronic HBV infection   ☐ Perinatal HBV infection   ☐ Hepatitis Delta (co- or super-infection)

☐ Acute hepatitis C   ☐ HCV infection (chronic or resolved)

☐ Acute hepatitis E   ☐ Acute non-ABCD hepatitis

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Patient History- Acute Hepatitis A   NETSS ID NO. [ ][4][ ][ ][ ][ ][ ][ ][ ][ ]

STATE CASE NO. _____

During the **2-6 weeks** prior to onset of symptoms-

	Yes	No	Unk
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	☐	☐	☐

If yes, was the contact (check one)

	Yes	No	Unk
• household member (non-sexual)	☐	☐	☐
• sex partner	☐	☐	☐
• child cared for by this patient	☐	☐	☐
• babysitter of this patient	☐	☐	☐
• playmate	☐	☐	☐
• other _____	☐	☐	☐

Was the patient

	Yes	No	Unk
• a child or employee in a day care center, nursery, or preschool ?	☐	☐	☐
• a household contact of a child or employee in a day care center, nursery or preschool ?	☐	☐	☐
If yes for either of these, was there an identified hepatitis A case in the child care facility?	☐	☐	☐

Please ask both of the following questions regardless of the patient's gender.

In the **2- 6 weeks** before symptom onset how many

	0	1	2-5	>5	Unk
• male sex partners did the patient have?.................................	☐	☐	☐	☐	☐
• female sex partners did the patient have?	☐	☐	☐	☐	☐

In the **2- 6 weeks** before symptom onset

	Yes	No	Unk
Did the patient inject drugs not prescribed by a doctor?	☐	☐	☐
Did the patient use street drugs but not inject?	☐	☐	☐
Did the patient **travel** outside of the U.S.A. or Canada	☐	☐	☐

• If yes, where? 1) _____ 2) _____

(Country)   3) _____

In the **3 months** prior to symptom onset

	Yes	No	Unk
Did anyone in the patient's household travel outside of the U.S. A. or Canada?	☐	☐	☐

• If yes, where? 1) _____ 2) _____

(Country)   3) _____

	Yes	No	Unk
Is the patient suspected as being part of a common-source outbreak?	☐	☐	☐

If yes, was the outbreak

	Yes	No	Unk
Foodborne- associated with an infected food handler	☐	☐	☐
Foodborne - **NOT** associated with an infected food handler	☐	☐	☐
• specify food item _____			
Waterborne	☐	☐	☐
Source not identified..	☐	☐	☐
Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill?	☐	☐	☐

VACCINATION HISTORY

	Yes	No	Unk
Has the patient ever received the hepatitis A vaccine ?	☐	☐	☐

	1	≥ 2
• If yes, how many doses?	☐	☐

• In what year was the last dose received? .... [Y][Y][Y][Y]

	Yes	No	Unk
Has the patient ever received immune globulin ?	☐	☐	☐

• If yes, when was the last dose received? .... _____ / _____
                                                                                  mo   yr

CDC HEPATITIS CLINICAL AND
DIAGNOSTIC VARIABLES

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns
REASON FOR TESTING (check all that apply)		C1	1=symptoms of acute hepatitis 2 Evaluation of elevated liver enzymes 3=screening of asymptomatic patient with reported risk factors 4=Blood / organ donor screening 5=Screening of asymptomatic patient with no known risk factors (patient requested, routine PE, etc.) 6=Follow-up testing for previous marker of hepatitis 7=Prenatal screening 9=Unknown 10=Other: specify _____	
Specify other reason for testing		C120		
SIGNS AND SYMPTOMS				
Is case symptomatic?		C1	Y=Yes, N=No, U=Unknown	
Illness onset date		Num Date	MMDDCCYY	
Jaundice		C1	Y=Yes, N=No, U=Unknown	
Date of Diagnosis	DATE_DX	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET
Does case meet clinical criteria for further investigation? - LHD Classification	CLINCRIT	C1	Y=Yes, N=No, U=Unknown	
Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification	IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = Yes if ONSET DATE = DATE and JAUNDICE = Y or ELEVATED SERUM AMINOTRANSFERASE LEVELS = Y
OTHER SX/COMPLICATIONS				
Other Symptoms (check all that apply)			1=Fatigue 2=Fever 3=Nausea 4=Vomiting 5=Anorexia 6=Abdominal pain 7=Diarrhea (Would like a space to free text dates and space of onset date if able to determine exact date) 8=Light-colored stools 9=Dark brown/orange urine 9=Joint pain 10=Rash 11=Other _____	
Hospitalized	HOSPITAL	C1	Y=Yes, N=No, U=Unknown	
Days hospitalized	DAYSHOSP	Num		

Death	DEATH	C1	Y=Yes, N=No, U=Unknown	
Date of death	DEATHDAT	Num Date	MMDDCCYY	
Other complications	COMP_OTH	C1	Y=Yes, N=No, U=Unknown	
Describe other complications	CCOMMENT	C120	Free Text	
LAB TESTS				
Any lab test done for hepatitis	LABTEST	C1	Y=Yes, N=No, U=Unknown	
Case lab confirmed - LHD Classification	LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown	
Case lab confirmed - IZ Branch Classification	IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only = Yes if one or more of the lab results is positive/reactive
Total antibody to hepatitis A virus (total anti-HAV)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
IgM antibody to hepatitis A virus (IgM anti-HAV)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Hepatitis B surface antigen (HBsAg)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Total antibody to hepatitis B core antigen (total anti-HBc)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
IgM antibody to hepatitis B core antigen (IgM anti-HBc)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Antibody to hepatitis B surface antigen (anti-HBs)		C1	1=negative/nonreactive, 2=positive/reactive (>= 10 mIU/ml), 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Hepatitis B e antigen (HBeAg)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	

Antibody to hepatitis B e antigen (anti-HBe)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Hepatitis B PCR		Number	copies/ml or pg/ml	
Antibody to hepatitis D virus (anti-HDV)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Antibody to hepatitis E virus (anti-HEV)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
LIVER FUNCTION TESTS				
Were liver enzymes levels measured at time of diagnosis?		C1	Y=Yes, N=No, U=Unknown	
ALT [SGPT] Result		Number		
ALT [SGPT] Upper Limit of Normal		Number		
AST [SGOT] Result		Number		
AST [SGOT] Upper Limit of Normal		Number		
Date of ALT result		Num Date	MMDDCCYY	
Date of AST result		Num Date	MMDDCCYY	
Elevated serum aminotransferase levels?		C1	Y=Yes, N=No, U=Unknown	
Total Bilirubin Result		Number		
Total Bilirubin Upper Limit of Normal		Number		
DIAGNOSIS				
Diagnosis (check all that apply)			1=acute hepatitis A, 2=acute hepatitis B, 3=acute hepatitis C, 4=acute hepatitis E, 5=chronic hepatitis B, 6=HCV infection (chronic or resolved), 7=acute non-ABCD hepatitis, 8=perinatal hepatitis B, 9=hepatitis delta (co- or super-infection)	

ACUTE HEPATITIS A CDC FORM for WebCMR:
To be completed for all cases of ACUTE HEPATITIS A

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON					
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
PATIENT DEMOGRAPHICS					New subsection called "Patient Demographics"
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years, 1=Months, 2=Weeks, 3=Days		
Case age	AGE	Num			See var AGETYPE Above; Filled in by LHD

Calculated Age	AGECALC	Num			Calculated variable DTONSET or DTDX or DTALT or DTAST or DTDEATH or DTFILE - BIRTHDAT
Case gender	GENDER	C1	1=Male, 2=Female, 9=Unk	if = 2, or 9, then prompt for PREGNANT	
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		
Case race (check all that apply)					check all that apply, new coding different from NETSS
Unknown	RACE_UNK	C1	1=Unknown	If =1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if =1 then prompt for Asian sub cats	check all that apply
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		

Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If =1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if= 1 then prompt for NHOPI sub cats	check all that apply
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If =1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If =1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text		
Occupation					check all that apply
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if =1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If =1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Born in the USA	B_USA	C1	1=USA, 2=Other	if =2 then prompt for B_CNTRY	
Country of Birth	B_CNTRY	C15	Free Text		
Clinical & Diagnostic Data					New subsection for this and following variables
Reason for Testing					check all that apply
Symptoms of acute hepatitis	TEST_SYMPTOM	C1	1=Symptoms of acute hepatitis	if =1 then TEST_RISKF and TEST_NORISKF must =0	
Evaluation of elevated liver enzymes	TEST_ENZYME	C1	1=Elevated liver enzymes		
Screening of asymptomatic pt. with reported risk factors	TEST_RISKF	C1	1=Risk Factors		
Screening of asymptomatic pt. with no risk factors	TEST_NORISKF	C1	1=No risk factors		
Prenatal Screening	TEST_PRENATAL	C1	1=prenatal screening		
Blood/Organ donor screening	TEST_DONOR	C1	1=blood/organ donor		

Follow-up testing for previous marker of viral hepatitis	TEST_MARKER	C1	1=previous hepatitis markers		
Unknown	TEST_UNK	C1	1=unknown		
Other	TEST_OTHER	C15	Free Text		
Clinical Data					
Diagnosis date	DTDX	num date	MMDDCCYY		
Symptoms	SYMPTOMS	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt for DTONSET	
Onset date	DTONSET	num date	MMDDCCYY	must be on or after BIRTHDAT	
Jaundiced	JAUNDICE	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt for SYMPTOMS to also =1	
Hospitalized for hepatitis	HOSPITAL	C1	1=Yes, 2=No, 9=Unk		
Pregnant	PREGNANT	C1	1= Yes, 2=No, 9=Unk	if = 1, then prompt for EDD	
Estimated date of delivery	EDD	Num Date	MMDDCCYY		
Died from hepatitis	DIED	C1	1=Yes, 2=No, 9=Unk	if = 1 then prompt for DTDEATH	
Date of death	DTDEATH	num date			
Diagnostic Tests					check all that apply
Total anti-HAV	ANTI_HAV	C1	1=Positive, 2=Negative, 9=Unk		
IgM anti-HAV	IGM_ANTI_HAV	C1	1=Positive, 2=Negative, 9=Unk		
HBsAg	HBSAG	C1	1=Positive, 2=Negative, 9=Unk		
Total anti-HBc	ANTI_HBC	C1	1=Positive, 2=Negative, 9=Unk		
IgM anti-HBc	IGM_ANTI_HBC	C1	1=Positive, 2=Negative, 9=Unk		
anti-HCV	ANTI_HCV	C1	1=Positive, 2=Negative, 9=Unk		
anti-HCV cut off ratio	ANTI_HCV_CUT	C8	Free Text		
supplemental assay	SUPPLEMENTAL	C1	1=Positive, 2=Negative, 9=Unk		
HCV RNA	HCV_RNA	C1	1=Positive, 2=Negative, 9=Unk		
anti-HDV	ANTI_HDV	C1	1=Positive, 2=Negative, 9=Unk		
anti-HEV	ANDI_HEV	C1	1=Positive, 2=Negative, 9=Unk		
Epi link	EPILINK	C1	1=Yes, 2=No, 9=Unk		
Liver Enzyme Levels at Time of Diagnosis					
ALT	ALT	N4	Free Text		
date of ALT	DTALT	num date	MMDDCCYY		
ALT Upper limit normal	ALTNORM	N4	Free Text		
AST	AST	N4	Free Text		
date of AST	DTAST	num date	MMDDCCYY		
AST upper limit normal	ASTNORM	N4	Free Text		
Dignoses					check all that apply
Acute Hep A	HEPA	C1	1=Acute Hep A		
Acute Hep B	HEPB_ACUTE	C1	1=Acute Hep B		
Chronic Hep B	HEPB_CHRON	C1	1=Chronic Hep B		
Perinatal HBV	HEPB_PN	C1	1=Perinatal Hep B		
Acute Hep C	HEPC_ACUTE	C1	1=Acute Hep C		

HCV Infection (chronic or resolved)	HEPC_CHRO	C1	1=HCV Infection (chronic or resolved)		
Hepatitis Delta	HEPDELTA	C1	1=Hep Delta		
Acute Hep E	HEPE	C1	1=Acute Hep E		
Acute non-ABCD hepatitis	HEP_NONABCD	C1	1=Acute non-ABCD		
Patient History					
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	CONTACT	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt CONTACT_SEX, CONTACT_HOUSE, CONTACT_CHILD, CONTACT_SITTER, CONTACT_PLAY, CONTACT_OTH	
Household contact	CONTACT_HOUSE	C1	1=Yes, 2=No, 9=Unk		
Sexual contact	CONTACT_SEX	C1	1=Yes, 2=No, 9=Unk		
Child cared for by patient	CONTACT_CHILD	C1	1=Yes, 2=No, 9=Unk		
Babysitter of patient	CONTACT_SITTER	C1	1=Yes, 2=No, 9=Unk		
Playmate of patient	CONTACT_PLAY	C1	1=Yes, 2=No, 9=Unk		
Other contact	CONTACT_OTH	C1	1=Yes, 2=No, 9=Unk		
Was the patient a child/employee in day care center/ nursery/ preschool	NURSERY	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt NURSERY_HEPA	
Was the patient a HHC of a child/employee in a day care/ nursery/ preschool	NURSERY_HHC	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt NURSERY_HEPA	
Was there an identified Hep A case in the facility	NURSERY_HEPA	C1	1=Yes, 2=No, 9=Unk		
Number of male sex partners	MALE_SEX	C1	0='0', 1='1', 2='2-5', 4='>5', 9=Unk		
Number of female sex partners	FEMALE_SEX	C1	0='0', 1='1', 2='2-5', 4='>5', 9=Unk		
Did patient inject non prescription drugs	DRUG_INJ	C1	1=Yes, 2=No, 9=Unk		
Did patient use street drugs but not inject	DRUG_STREET	C1	1=Yes, 2=No, 9=Unk		
Did patient travel outside USA or Canada	TRAVEL	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt TRAVEL_A, TRAVEL_B, TRAVEL_C	
Country 1	TRAVEL_A	C15	Free Text		
Country 2	TRAVEL_B	C15	Free Text		
Country 3	TRAVEL_C	C15	Free Text		
Did anyone in the patient's household travel outside USA or Canada	TRAVELHHC	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt TRAVELHHC_A, TRAVELHHC_B, TRAVELHHC_C	
Country 1	TRAVELHHC_A	C15	Free Text		
Country 2	TRAVELHHC_B	C15	Free Text		
Country 3	TRAVELHHC_C	C15	Free Text		

Is patient suspected as being part of a common-source outbreak	OUTBREAK	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt OUTBREAK_HAND, OUTBREAK_FOOD, OUTBREAK_FOOD_ITEM, OUTBREAK_WATER, OUTBREAK_UNK	
Foodborne associated with food handler	OUTBREAK_HAND	C1	1=Yes, 2=No, 9=Unk		
Foodborne not associated with food handler	OUTBREAK_FOOD	C1	1=Yes, 2=No, 9=Unk		
specify food item	OUTBREAK_FOOD_ITEM	C15	Free Text		
Waterborne	OUTBREAK_WATER	C1	1=Yes, 2=No, 9=Unk		
Source not identified	OUTBREAK_UNK	C1	1=Yes, 2=No, 9=Unk		
Was patient employed as a food handler during 2 weeks prior to onset or while ill	HANDLER	C1	1=Yes, 2=No, 9=Unk		
Has patient ever receive Hep A vaccine	VACCINE	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt for VACCINE_NUM and VACCINE_YEAR; if=2 then prompt REASON	
Number of shots received	VACCINE_NUM	C1	1='1', 2='2+'		
Year of last shot	VACCINE_YEAR	num date	CCYY		
Reason for not being vaccinated	REASON	C1	1=Personal Beliefs Exemption (PBE), 2=Permanent Medical Exemption (PME), 3=Temporary Medical Exemption, 4=Lab Confirmation of previous disease, 5=MD Dx of previous disease, 6=Under Age for vaccination, 7=Delay in starting series or between doses, 8=Other		New Variable
Has patient ever received immune globulin	IMMUNO	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt for IMMUNO_YEAR	
Month/Year of last dose	IMMUNO_YEAR	num date	MMCCYY		
Prior MD diagnosed hepatitis A	PRIOR_DX	C1	Y=Yes, N=No, U=Unknown		New Variable
Immunocompromised	IMMUNO	C1	Y=Yes, N=No, U=Unknown		New Variable
CONTACT INVESTIGATION			Gather information on contacts -- needed to control spread of disease. Using the Contact Tracing Worksheet highly recommended.		New subsection for following variables called "Contact Investigation"
Close contact(s) who have symptom onset x days after exposure to case during case's infectious period?	CONTACT	C1	Y=Yes, N=No, U=Unknown	if=1 then prompt C1_Name, C1_ONSET, C1_RELAT, C1_AGE, C2_Name, C2_ONSET, C2_RELAT, C2_AGE	New Variable

Name of Close Contact 1 with hepatitis A symptoms	C1_NAME	C35	Free Text		New Variable
Hepatitis A symptoms onset date of Close Contact 1	C1_ONSET	Num Date	MMDDCCYY		New Variable
Close Contact 1 relationship to case	C1_RELAT	C25	Free Text		New Variable
Close Contact 1 age in years	C1_AGE	Num	0-100, zero indicating under 1 year		New Variable
Name of Close Contact 1 with hepatitis A symptoms	C2_NAME	C35	Free Text		New Variable
Hepatitis A symptoms onset date of Close Contact 1	C2_ONSET	Num Date	MMDDCCYY		New Variable
Close Contact 1 relationship to case	C2_RELAT	C25	Free Text		New Variable
Close Contact 1 age in years	C2_AGE	Num	0-100, zero indicating under 1 year		New Variable
LHD INTERNAL TRACKING, DISEASE SPECIFIC					New Variable
LHD Case Classification per CDC/CSTE case definition	LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		New Variable
State (IZ Branch) Case Classification	IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		New Variable

State of California—Health and Human Services Agency   Department of Health Services

Hepatitis A Case Report

Send to: Immunization Branch, California Department of Health Services, 850 Marina Bay Parkway, Building P, Richmond, CA 94804

CASE IDENTIFICATION AND DEMOGRAPHICS

PATIENT'S NAME *(Last, first, middle initial)*

PHONE ( )

STREET ADDRESS

CITY

COUNTY

STATE AND ZIP

SSN

DOB *(Month/day/year)*

AGE *(In years)*

SEX ☐ M ☐ F

COUNTRY OF BIRTH ☐ USA ☐ Other _____

DATE ENTERED USA *(M/D/Y)*

ETHNICITY (CHECK ONE)
☐ Hispanic/Latino   ☐ Non-Hispanic/Non-Latino

RACE (CHECK ONE)
☐ African-American/Black ☐ White
☐ Asian/Pacific Islander ☐ Unknown
☐ Native American/Alaskan Native ☐ Other_____

IF ASIAN/PACIFIC ISLANDER, SPECIFY GROUP
☐ Chinese
☐ Japanese
☐ Korean
☐ Filipino
☐ Asian Indian
☐ Cambodian (non-Hmong) ☐ Guamanian
☐ Laotian (non-Hmong) ☐ Samoan
☐ Vietnamese (non-Hmong) ☐ Hawaiian
☐ Hmong ☐ Other
☐ Thai ☐ Unknown

PATIENT'S OCCUPATION

WORK PHONE ( )

PERSON REPORTING CASE *(Name, agency)*

REPORTER'S PHONE ( )

DOCTOR'S NAME

DOCTOR'S PHONE ( )

CLINICAL AND LABORATORY DATA

CLINICAL DATES   *(Month/Day/Year)*
Onset of Jaundice   ___/___/___
 (onset of symptoms if not jaundiced)
Diagnosis   ___/___/___
Report to Local Health Dept.   ___/___/___

SYMPTOMS
☐ Diarrhea
☐ Jaundice
☐ Anorexia *or abdominal discomfort*
☐ Other_____

OUTCOME, AS OF _____
☐ Recovered ☐ Hospitalized ☐ Died ☐ Unknown

PEAK LIVER FUNCTION TESTS		Result		*(Month/Day/Year)*
ALT (SGPT)	☐ WNL	☐ Increased	___/___/___
AST (SGOT)	☐ WNL	☐ Increased	___/___/___
Bilirubin	☐ WNL	☐ Increased	___/___/___
	☐ WNL	☐ Increased	___/___/___
_____	☐ WNL	☐ Increased	___/___/___

SEROLOGY	Positive	Negative	Unknown/Not done	*(Month/Day/Year)*
anti-HAV IgM (required)	☐	☐	☐	___/___/___
anti-HAV total	☐	☐	☐	___/___/___
HBsAg	☐	☐	☐	___/___/___
anti-HBs total	☐	☐	☐	___/___/___
anti-HBc IgM	☐	☐	☐	___/___/___
anti-HBc total	☐	☐	☐	___/___/___
anti-HCV	☐	☐	☐	___/___/___
anti-HDV	☐	☐	☐	___/___/___
other _____	☐	☐	☐	___/___/___

if available

HEPATITIS A IMMUNIZATION
☐ **None**   ☐ **Unknown**   *Date unknown/no written record*
☐ **Dose #1** Date ___/___/___ ☐
☐ **Dose #2** Date ___/___/___ ☐
☐ **Dose #3** Date ___/___/___ ☐

DIAGNOSIS *(must have a discrete onset of symptoms and jaundice or elevated LFTs for the diagnosis of hepatitis A)*

☐ Hepatitis A, **confirmed** case:
  anti-HAV IgM positive
☐ Hepatitis A, **probable** case:
  contact with a confirmed case **or**
  linked to a common-source outbreak
☐ Not hepatitis A or unclear
☐ Hepatitis B, hepatitis C, or other type of viral hepatitis—
  do not use this form

RISK FACTORS *(Can check more than one)*

Within 50 days of onset	Yes	No	Unknown
1. Ate raw or undercooked shellfish	☐	☐	☐
2. Foreign travel to _____	☐	☐	☐
3. Received clotting factor product	☐	☐	☐
4. Male homosexual experience	☐	☐	☐
5. Illicit drug use (injecting or non-injecting)	☐	☐	☐
6. Homeless	☐	☐	☐
7. Unemployed	☐	☐	☐

If the following risk factors are present, provide details needed for control activities (i.e., names, ages, addresses, phone numbers, and dates of exposure) below:

	Yes	No	Unknown
8. Day care attendee or employee	☐	☐	☐
9. Household contact of day care attendee or employee	☐	☐	☐
10. Household contact of diapered child	☐	☐	☐
11. Household contact of child less than 6 years of age	☐	☐	☐
12. Contact with a confirmed or suspected case of hepatitis A	☐	☐	☐
Type of contact (sexual, household, other): _____			
13. Linked to a common-source outbreak (describe below)	☐	☐	☐
14. Other:	☐	☐	☐

DETAILS *(Names, dates, ages, address, telephone numbers, places, etc.)*

HEPATITIS A INFORMATION

Incubation period: 15-50 days
Infectious period: 2nd half of incubation period until seven days after jaundice onset
Post-exposure prophylaxis: Immune globulin, 0.02 cc/kg, IM, as soon as possible after exposure but must be within two weeks to be effective

DHS 8556 (3/06) Front   *This form is continued on the reverse.*

INFECTION TIMELINE

Enter date of onset* in onset box.
Count backwards and forwards to determine probable exposure and communicable periods.

| EXPOSURE PERIOD | | COMMUNICABLE PERIOD | |

| Days from onset: | -50 | | -14 | onset* | +7 |

| Calendar dates: | ___/___/___ *(month/day/year)* | | ___/___/___ *(month/day/year)* | ___/___/___ *(month/day/year)* | ___/___/___ *(month/day/year)* |

*Onset of jaundice or onset of symptoms if not jaundiced.

SUSCEPTIBLE CONTACT MANAGEMENT/FOLLOW UP

HOUSEHOLD ROSTER/OTHER KNOWN OR PRESUMED CONTACT

name	age	dates of exposure	last useful Ig date*	type of contact (household, sexual, other)	prophylaxis IG	prophylaxis none	immunized >1 mo. before exposure	comment	phone #
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____
_____	__	_____	_____	_____	☐	☐	☐	_____	_____

*2 weeks after last exposure date

During the infectious period, was the case employed as a food handler, or did the case prepare food for any public or private gatherings?   ☐ yes   ☐ no

If yes, case's personal hygiene appears: ☐ good   ☐ adequate   ☐ poor   ☐ unknown

If the case is a food handler, works or attends day care, or is a health care worker with direct patient contact, provide job description, dates worked during communicable period, supervisor's name and phone number, etc:

_____

_____

IG recommended to non-household contacts   ☐ yes   ☐ no
Public announcement recommended   ☐ yes   ☐ no

COMMENTS

ADMINISTRATION

COMPLETED BY	DATE COMPLETED	PHONE	CASE REPORT SENT TO DHS

DHS 8556 (3/06) Reverse

DRAFT COPY   **DRAFT COPY**

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES   **VIRAL HEPATITIS CASE REPORT**
PUBLIC HEALTH SERVICE

CDC
Centers for Disease Control
and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____   Last: _____   First: _____   Middle: _____

Preferred Name (nickname): _____   Maiden: _____

Address: Street: _____

City: _____   Phone: (   ) -   Zip Code: ___ ___ ___ ___ ___ -- ___ ___ ___ ___

 SSN # (optional) ___ ___ ___ - ___ ___ - ___ ___ ___ ___

- - - - - - - - - - - - - - - - - - - **Only data from lower portion of form will be transmitted to CDC** - - - - - - - - - - -

State: _____   County: _____   Date of Public Health Report __ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system?   Yes ☐   No ☐

If yes, please enter **NETSS ID NO.** [ ][ ][ ][ ][ ][ ][ ][ ]   If no, please enter **STATE CASE NO.** _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):

☐ Amer Indian or Alaska Native   ☐ Black or African American   ☐ White

☐ Asian   ☐ Native Hawaiian or Pacific Islander   ☐ Other Race, specify: _____

ETHNICITY:

Hispanic .... ☐

Non-hispanic .... ☐

Other/Unknown .... ☐

SEX: Male ☐   Female ☐   Unk ☐   **PLACE OF BIRTH:** ☐ USA   ☐ Other: _____

DATE OF BIRTH: M M / D D / Y Y Y Y   **AGE:** ___ ___ (years)   (00= <1yr , 99= Unk)

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply) ☐ Symptoms of acute hepatitis   ☐ Evaluation of elevated liver enzymes

☐ Screening of asymptomatic patient with reported risk factors   ☐ Blood / organ donor screening

☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)   ☐ Follow-up testing for previous marker of viral hepatitis

☐ Prenatal screening   ☐ Unknown   ☐ Other: specify: _____

CLINICAL DATA:

Diagnosis date: M M / D D / Y Y Y Y

	Yes	No	Unk
Is patient symptomatic?	☐	☐	☐

 if yes, onset date: M M / D D / Y Y Y Y

Was the patient

	Yes	No	Unk
• Jaundiced?	☐	☐	☐
• Hospitalized for hepatitis?	☐	☐	☐
Was the patient pregnant ?	☐	☐	☐

  due date :   M M / D D / Y Y Y Y

	Yes	No	Unk
Did the patient die from hepatitis?	☐	☐	☐

• Date of death: M M / D D / Y Y Y Y

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk
• Total antibody to hepatitis A virus [total anti-HAV]	☐	☐	☐
• IgM antibody to hepatitis A virus [IgM anti-HAV]	☐	☐	☐
• Hepatitis B surface antigen [HBsAg]	☐	☐	☐
• Total antibody to hepatitis B core antigen [total anti-HBc]	☐	☐	☐
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	☐	☐	☐
• Antibody to hepatitis C virus [anti-HCV]	☐	☐	☐
– anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	☐	☐	☐
• HCV RNA [e.g., PCR]	☐	☐	☐
• Antibody to hepatitis D virus [anti-HDV]	☐	☐	☐
• Antibody to hepatitis E virus [anti-HEV]	☐	☐	☐

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

• ALT [SGPT] Result _____   Upper limit normal_____

• AST [SGOT] Result _____   Upper limit normal_____

• Date of ALT result   M M / D D / Y Y Y Y

• Date of AST result   M M / D D / Y Y Y Y

• If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	Yes ☐	No ☐	Unk ☐

DIAGNOSIS: (Check all that apply)

☐ Acute hepatitis A

☐ Acute hepatitis B   ☐ Chronic HBV infection   ☐ Perinatal HBV infection   ☐ Hepatitis Delta (co- or super-infection)

☐ Acute hepatitis C   ☐ HCV infection (chronic or resolved)

☐ Acute hepatitis E   ☐ Acute non-ABCD hepatitis

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STATE CASE NO. _____

Patient History- Acute Hepatitis B

NETSS ID NO. ☐☐☐☐☐☐☐☐☐☐

During the **6 weeks- 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection? **Yes   No   Unk**

If yes, type of contact
- Sexual .... ☐ ☐ ☐
- Household [Non-sexual] .... ☐ ☐ ☐
- Other: _____ ☐ ☐ ☐

Ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset how many   **0 1 2-5 >5 Unk**
- male sex partners did the patient have?............... ☐ ☐ ☐ ☐ ☐
- female sex partners did the patient have? .... ☐ ☐ ☐ ☐ ☐

Was the patient **EVER** treated for a sexually-   **Yes   No   Unk**
transmitted disease? .... ☐ ☐ ☐
- If yes, in what year was the most recent treatment ? Y Y Y Y

During the **6 weeks- 6 months** prior to onset of symptoms
- inject drugs not prescribed by a doctor? .... ☐ ☐ ☐
- use street drugs but not inject? .... ☐ ☐ ☐

During the **6 weeks- 6 months** prior to onset of symptoms

Did the patient-   **Yes   No   Unk**
- undergo hemodialysis?.. ☐ ☐ ☐
- have an accidental stick or puncture with a needle or other object contaminated with blood? .... ☐ ☐ ☐
- receive blood or blood products [transfusion] .... ☐ ☐ ☐
  - if yes, when? M M / D D / Y Y Y Y
- have other exposure to someone else's blood .... ☐ ☐ ☐
  specify: _____

During the **6 weeks - 6 months** prior to onset of symptoms
- Was the patient employed in a medical or dental field involving direct contact with human blood ? .... ☐ ☐ ☐
  If yes, frequency of direct blood contact?
  Frequent (several times weekly) ☐ Infrequent ☐
- Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood? .... ☐ ☐ ☐
  If yes, frequency of direct blood contact?
  Frequent (several times weekly) ☐ Infrequent ☐
- Did the patient receive a tattoo? .... ☐ ☐ ☐
  where was the tattooing performed? (select all that apply)
  ☐ commercial   ☐ correctional   ☐ other _____
  parlor / shop   facility

During the **6 weeks- 6 months** prior to onset of symptoms
- Did the patient have any part of their body pierced (other than ear)?
  where was the piercing performed? (select all that apply)
  ☐ commercial   ☐ correctional   ☐ other _____
  parlor / shop   facility   **Yes   No   Unk**
- Did the patient have dental work or oral surgery? .... ☐ ☐ ☐
- Did the patient have surgery ? (other than oral surgery) .. ☐ ☐ ☐
- Was the patient- **Check all that apply**
  - hospitalized ? .... ☐ ☐ ☐
  - a resident of a long term care facility ? .... ☐ ☐ ☐
  - incarcerated for longer than 24 hours ? .... ☐ ☐ ☐
    if yes, what type of facility (check all that apply)
    prison .... ☐ ☐
    jail .... ☐ ☐
    juvenile facility .... ☐ ☐

During his/her lifetime, was the patient **EVER**
- incarcerated for longer than 6 months ? .... ☐ ☐ ☐
  - If yes,
    what year was the most recent incarceration ? ....__ Y Y Y Y
    for how long ? .... __ __ __ **mos**

   Yes No Unk

Did the patient ever receive hepatitis B vaccine? ☐ ☐ ☐

If yes, how many shots?...   **1 2 3+**
   ☐ ☐ ☐
- In what year was the last shot received? .... Y Y Y Y

   Yes No Unk

Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose? .... ☐ ☐ ☐
- If yes, was the serum anti-HBs ≥ 10mIU/ml? .... ☐ ☐ ☐
  (answer 'yes' if the laboratory result was reported as .....
  'positive' or 'reactive')

CDC HEPATITIS CLINICAL AND DIAGNOSTIC VARIABLES

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns
REASON FOR TESTING (check all that apply)		C1	1=symptoms of acute hepatitis 2 Evaluation of elevated liver enzymes 3=screening of asymptomatic patient with reported risk factors 4=Blood / organ donor screening 5=Screening of asymptomatic patient with no known risk factors (patient requested, routine PE, etc.) 6=Follow-up testing for previous marker of hepatitis 7=Prenatal screening 9=Unknown 10=Other: specify _____	
Specify other reason for testing		C120		
SIGNS AND SYMPTOMS				
Is case symptomatic?		C1	Y=Yes, N=No, U=Unknown	
Illness onset date		Num Date	MMDDCCYY	
Jaundice		C1	Y=Yes, N=No, U=Unknown	
Date of Diagnosis	DATE_DX	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET
Does case meet clinical criteria for further investigation? - LHD Classification	CLINCRIT	C1	Y=Yes, N=No, U=Unknown	
Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification	IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = Yes if ONSET DATE = DATE and JAUNDICE = Y or ELEVATED SERUM AMINOTRANSFERASE LEVELS = Y
OTHER SX/COMPLICATIONS				
Other Symptoms (check all that apply)			1=Fatigue 2=Fever 3=Nausea 4=Vomiting 5=Anorexia 6=Abdominal pain 7=Diarrhea (Would like a space to free text dates and space of onset date if able to determine exact date) 8=Light-colored stools 9=Dark brown/orange urine 9=Joint pain 10=Rash 11=Other _____	
Hospitalized	HOSPITAL	C1	Y=Yes, N=No, U=Unknown	
Days hospitalized	DAYSHOSP	Num		

Death	DEATH	C1	Y=Yes, N=No, U=Unknown	
Date of death	DEATHDAT	Num Date	MMDDCCYY	
Other complications	COMP_OTH	C1	Y=Yes, N=No, U=Unknown	
Describe other complications	CCOMMENT	C120	Free Text	
LAB TESTS				
Any lab test done for hepatitis	LABTEST	C1	Y=Yes, N=No, U=Unknown	
Case lab confirmed - LHD Classification	LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown	
Case lab confirmed - IZ Branch Classification	IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only = Yes if one or more of the lab results is positive/reactive
Total antibody to hepatitis A virus (total anti-HAV)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
IgM antibody to hepatitis A virus (IgM anti-HAV)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Hepatitis B surface antigen (HBsAg)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Total antibody to hepatitis B core antigen (total anti-HBc)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
IgM antibody to hepatitis B core antigen (IgM anti-HBc)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Antibody to hepatitis B surface antigen (anti-HBs)		C1	1=negative/nonreactive, 2=positive/reactive (>= 10 mIU/ml), 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Hepatitis B e antigen (HBeAg)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	

Antibody to hepatitis B e antigen (anti-HBe)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Hepatitis B PCR		Number	copies/ml or pg/ml	
Antibody to hepatitis D virus (anti-HDV)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
Antibody to hepatitis E virus (anti-HEV)		C1	1=negative/nonreactive, 2=positive/reactive, 3=weakly reactive/borderline, 4=indeterminate, 5=pending, 9=unknown	
LIVER FUNCTION TESTS				
Were liver enzymes levels measured at time of diagnosis?		C1	Y=Yes, N=No, U=Unknown	
ALT [SGPT] Result		Number		
ALT [SGPT] Upper Limit of Normal		Number		
AST [SGOT] Result		Number		
AST [SGOT] Upper Limit of Normal		Number		
Date of ALT result		Num Date	MMDDCCYY	
Date of AST result		Num Date	MMDDCCYY	
Elevated serum aminotransferase levels?		C1	Y=Yes, N=No, U=Unknown	
Total Bilirubin Result		Number		
Total Bilirubin Upper Limit of Normal		Number		
DIAGNOSIS				
Diagnosis (check all that apply)			1=acute hepatitis A, 2=acute hepatitis B, 3=acute hepatitis C, 4=acute hepatitis E, 5=chronic hepatitis B, 6=HCV infection (chronic or resolved), 7=acute non-ABCD hepatitis, 8=perinatal hepatitis B, 9=hepatitis delta (co- or super-infection)	

ACUTE HEPATITIS B CDC FORM for WebCMR:

To be completed for all cases of ACUTE HEPATITIS B (0-18 years of age)

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON					
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
PATIENT DEMOGRAPHICS					New subsection called "Patient Demographics"
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years, 1=Months, 2=Weeks, 3=Days		

Case age	AGE	Num			See var AGETYPE Above; Filled in by LHD
Calculated Age	AGECALC	Num			Calculated variable DTONSET or DTDX or DTALT or DTAST or DTDEATH or DTFILE - BIRTHDAT
Case gender	GENDER	C1	1=Male, 2=Female, 9=Unk	if = 2, or 9, then prompt for PREGNANT	
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	0=Not Hispanic or Not Latino, 1=Hispanic or Latino, 2 = Unknown		
Case race					check all that apply, new coding different from NETSS
Unknown	RACE_UNK	C1	1=Unknown	If =1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if =1 then prompt for Asian sub cats	check all that apply
Asian Indian	A_INDIAN	C1	1=Asian Indian		

Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If =1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if= 1 then prompt for NHOPI sub cats	check all that apply
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If =1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If =1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text		
Occupation					check all that apply
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if =1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If =1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Born in the USA	B_USA	C1	1=USA, 2=Other	if =2 then prompt for B_CNTRY	
Country of Birth	B_CNTRY	C15	Free Text		
Clinical & Diagnostic Data					New subsection for this and following variables
Reason for Testing					check all that apply
Symptoms of acute hepatitis	TEST_SYMPTOM	C1	1=Symptoms of acute hepatitis	if =1 then TEST_RISKF and TEST_NORISKF must =0	
Evaluation of elevated liver enzymes	TEST_ENZYME	C1	1=Elevated liver enzymes		
Screening of asymptomatic pt. with reported risk factors	TEST_RISKF	C1	1=Risk Factors		

Screening of asymptomatic pt. with no risk factors	TEST_NORISKF	C1	1=No risk factors		
Prenatal Screening	TEST_PRENATAL	C1	1=prenatal screening		
Blood/Organ donor screening	TEST_DONOR	C1	1=blood/organ donor		
Follow-up testing for previous marker of viral hepatitis	TEST_MARKER	C1	1=previous hepatitis markers		
Unknown	TEST_UNK	C1	1=unknown		
Other	TEST_OTHER		Free Text		
Clinical Data					
Diagnosis date	DTDX	num date	MMDDCCYY		
Symptoms	SYMPTOMS	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt for DTONSET	
Onset date	DTONSET	num date	MMDDCCYY	must be on or after BIRTHDAT	
Jaundiced	JAUNDICE	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt for SYMPTOMS to also =1	
Hospitalized for hepatitis	HOSPITAL	C1	1=Yes, 2=No, 9=Unk		
Pregnant	PREGNANT	C1	1= Yes, 2=No, 9=Unk	if = 1, then prompt for EDD	
Estimated date of delivery	EDD	Num Date	MMDDCCYY		
Died from hepatitis	DIED	C1	1=Yes, 2=No, 9=Unk	if = 1 then prompt for DTDEATH	
Date of death	DTDEATH	num date			
Diagnostic Tests					
Total anti-HAV	ANTI_HAV	C1	1=Positive, 2=Negative, 9=Unk		
IgM anti-HAV	IGM_ANTI_HAV	C1	1=Positive, 2=Negative, 9=Unk		
HBsAg	HBSAG	C1	1=Positive, 2=Negative, 9=Unk		
Total anti-HBc	ANTI_HBC	C1	1=Positive, 2=Negative, 9=Unk		
IgM anti-HBc	IGM_ANTI_HBC	C1	1=Positive, 2=Negative, 9=Unk		
anti-HCV	ANTI_HCV	C1	1=Positive, 2=Negative, 9=Unk		
anti-HCV cut off ratio	ANTI_HCV_CUT	C8	Free Text		
supplemental assay	SUPPLEMENTAL	C1	1=Positive, 2=Negative, 9=Unk		
HCV RNA	HCV_RNA	C1	1=Positive, 2=Negative, 9=Unk		
anti-HDV	ANTI_HDV	C1	1=Positive, 2=Negative, 9=Unk		
anti-HEV	ANDI_HEV	C1	1=Positive, 2=Negative, 9=Unk		
Epi link	EPILINK	C1	1=Yes, 2=No, 9=Unk		
Liver Enzyme Levels at Time of Diagnosis					
ALT	ALT	N4	Free Text		
date of ALT	DTALT	num date	MMDDCCYY		
ALT Upper limit normal	ALTNORM	N4	Free Text		
AST	AST	N4	Free Text		
date of AST	DTAST	num date	MMDDCCYY		
AST upper limit normal	ASTNORM	N4	Free Text		
Diagnoses				check all that apply	
Acute Hep A	HEPA	C1	1=Acute Hep A		

Acute Hep B	HEPB_ACUTE	C1	1=Acute Hep B		
Chronic Hep B	HEPB_CHRON	C1	1=Chronic Hep B		
Perinatal HBV	HEPB_PN	C1	1=Perinatal Hep B		
Acute Hep C	HEPC_ACUTE	C1	1=Acute Hep C		
HCV Infection (chronic or resolved)	HEPC_CHRO	C1	1=HCV Infection (chronic or resolved)		
Hepatitis Delta	HEPDELTA	C1	1=Hep Delta		
Acute Hep E	HEPE	C1	1=Acute Hep E		
Acute non-ABCD hepatitis	HEP_NONABCD	C1	1=Acute non-ABCD		
EXPOSURE/TRAVEL HISTORY					New subsection called "Exposures/Travel History"
Close contact of person(s) with confirmed or suspected acute or chronic hepatitis B infection 6 weeks - 6 months before symptom onset	CONTACT	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt CONTACT_TYP	
If yes, type of contact	CONTACT_TYP	C1	1=sexual contact; 2=household (non-sexual); 3= other	if=3 then prompt CONTACT_OTR	
Specify other type of contact	CONTACT_OTR	C12	Free Text		
In the 6 months before symptom onset how many male sex partners did case have?	SEX_MALE	C1	1=0, 2=1, 3=2-5, 4=>5, 9=unk		
In the 6 months before symptom onset how many female sex partners did case have?	SEX_FEM	C1	1=0, 2=1, 3=2-5, 4=>5, 9=unk		
Was the case EVER treated for a sexually transmitted disease?	STD	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt STD_YEAR	
If yes, in what year was the most recent treatment	STD_YEAR	Num Date	YYYY		
In the 6 weeks - 6 months before symptom onset did case inject drugs not prescribed by a physician?	DRUG_INJ	C1	1=Yes, 2=No, 9=Unknown		
In the 6 weeks - 6 months before symptom onset did case use street drugs but not inject?	DRUG_STREET	C1	1=Yes, 2=No, 9=Unknown		
During the 6 weeks - 6 months prior to onset of symptoms, did the case					
" " undergo hemodialysis	HEMO	C1	1=Yes, 2=No, 9=Unknown		
" " have an accidental stick or puncture with a needle or other object contaminated with blood	STICK	C1	1=Yes, 2=No, 9=Unknown		
" " receive blood or blood transfusion products	TRANS	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt TRANSDT	

If case received blood or transfusion products, when	TRANSDT	Num Date	MMDDCCYY		
" " have exposure to someone else's blood	BLOOD	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt BLOOD_SPEC	
Specify exposure	BLOOD_SPEC	C?	Free Text		
During the 6 weeks - 6 months prior to onset of symptoms					
" "Was case employed in a medical or dental field involving direct contact with human blood	EMP_MED	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt MED_FREQ	
If yes, what was the frequency of direct blood contact?	MED_FREQ	C1	1=Frequent (several times weekly) 2=Infrequent		
" " Was case employed as a public safety worker having direct contact with human blood	EMP_MED_FREQ	C1	1=Yes, 2=No, 9=Unknown	If=1 then prompt EMP_PUB_FRQ	
Frequency of direct blood contact	EMP_PUB_FRQ	C1	1=Frequent, 2=Infrequent		
" " Did case receive a tattoo	TATOO	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt TATOO_SITE	
If yes, where was tattoo performed (select all that apply)	TATOO_SITE		1=commercial parlor/shop, 2= correctional facility, 3=other		
" " Did case have any part of body pierced (other than ear)	PIERCE	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt PIERCE_SITE	
If yes, where was piercing performed (select all that apply)	PIERCE_SITE		1=commercial parlor/shop, 2= correctional facility, 3=other		
" " Did case have dental work or oral surgery	SURG_ORAL	C1	1=Yes, 2=No, 9=Unknown		
" " Did case have surgery (other than oral surgery)	SURG_MED	C1	1=Yes, 2=No, 9=Unknown		
" " Was case hospitalized	HOSPITAL	C1	1=Yes, 2=No, 9=Unknown		
" " Was case a resident of a long term care facility	LONGTERM	C1	1=Yes, 2=No, 9=Unknown		
" " Was case incarcerated for more than 24 hours	INCARC	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt INCARC_FAC	
If yes, what type of facility (check all that apply)	INCARC_FAC		1= prison, 2=jail, 3= juvenile facility		
During his/her lifetime, was the case EVER incarcerated for > 6 months	INCARC_6MOS	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt INCARC_YEAR and INCARC_LONG	
If yes, what year was the most recent incarceration	INCARC_YEAR	Num Date	YYYY		
If yes, how long was the most recent incarceration (in months)	INCARC_LONG	C1	number		
Patient Vaccination History					

Did patient ever receive Hep B vaccine	VACCINE	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt for VACCINE_NUM and VACCINE_YEAR	
Number of shots received	VACCINE_NUM	C1	1='1', 2='2', 3='3+'		
Year of last shot	VACCINE_YEAR	num date	CCYY		
Was patient tested for anti-HBs within 1-2 mos after last dose	ANTIHBS	C1	1=Yes, 2=No, 9=Unk	if=1 then prompt for ANTIHBS_REACT	
Was serum anti-HBs $\geq$ 10mIU/ml	ANTIHBS_REACT	C1	1=Yes, 2=No, 9=Unk		
Prior MD diagnosed hepatitis B	PRIOR_DX	C1	Y=Yes, N=No, U=Unknown		New Variable
Immunocompromised	IMMUNO	C1	Y=Yes, N=No, U=Unknown		New Variable

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U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

VIRAL HEPATITIS CASE REPORT

CDC
Centers for Disease Control
and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____   Last: _____   First: _____   Middle: _____

Preferred Name (nickname): _____   Maiden: _____

Address: Street: _____

City: _____   Phone: (   ) -   Zip Code: ___ ___ ___ ___ ___ -- ___ ___ ___ ___

 SSN # (optional) ___ ___ ___ - ___ ___ - ___ ___ ___ ___

– – – – – – – – – – – – – – – – – – – **Only data from lower portion of form will be transmitted to CDC** – – – – – – – – – – – – – –

State: _____   County: _____   Date of Public Health Report__ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system?   Yes ☐   No ☐

If yes, please enter **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐   If no, please enter **STATE CASE NO.** ——————————

DEMOGRAPHIC INFORMATION

RACE (check all that apply):
☐ Amer Indian or Alaska Native   ☐ Black or African American   ☐ White
☐ Asian   ☐ Native Hawaiian or Pacific Islander   ☐ Other Race, specify: _____

ETHNICITY:
Hispanic .... ☐
Non-hispanic .... ☐
Other/Unknown .... ☐

SEX: Male ☐   Female ☐   Unk ☐   **PLACE OF BIRTH:** ☐USA   ☐Other:_____

DATE OF BIRTH: M M / D D / Y Y Y Y   **AGE:** ___ ___ (years)   (00= <1yr , 99= Unk)

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply) ☐ Symptoms of acute hepatitis   ☐ Evaluation of elevated liver enzymes
☐ Screening of asymptomatic patient with reported risk factors   ☐ Blood / organ donor screening
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)   ☐ Follow-up testing for previous marker of viral hepatitis
☐ Prenatal screening   ☐ Unknown   ☐ Other: specify: _____

CLINICAL DATA:

Diagnosis date: M M / D D / Y Y Y Y

	Yes	No	Unk
Is patient symptomatic?......................................	☐	☐	☐

 if yes, onset date: M M / D D / Y Y Y Y

Was the patient

	Yes	No	Unk
• Jaundiced?	☐	☐	☐
• Hospitalized for hepatitis?	☐	☐	☐
Was the patient pregnant ?	☐	☐	☐

  due date : M M / D D / Y Y Y Y

Did the patient die from hepatitis?	☐	☐	☐

• Date of death: M M / D D / Y Y Y Y

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk
• Total antibody to hepatitis A virus [total anti-HAV]	☐	☐	☐
• IgM antibody to hepatitis A virus [IgM anti-HAV]	☐	☐	☐
• Hepatitis B surface antigen [HBsAg]	☐	☐	☐
• Total antibody to hepatitis B core antigen [total anti-HBc]	☐	☐	☐
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	☐	☐	☐
• Antibody to hepatitis C virus [anti-HCV]	☐	☐	☐
– anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	☐	☐	☐
• HCV RNA [e.g., PCR]	☐	☐	☐
• Antibody to hepatitis D virus [anti-HDV]	☐	☐	☐
• Antibody to hepatitis E virus [anti-HEV]	☐	☐	☐

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

• ALT [SGPT] Result _____   Upper limit normal_____

• AST [SGOT] Result _____   Upper limit normal_____

• Date of ALT result M M / D D / Y Y Y Y

• Date of AST result M M / D D / Y Y Y Y

• If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? ....

Yes	No	Unk
☐	☐	☐

DIAGNOSIS: (Check all that apply)
☐ Acute hepatitis A
☐ Acute hepatitis B   ☐ Chronic HBV infection   ☐ Perinatal HBV infection   ☐ Hepatitis Delta (co- or super-infection)
☐ Acute hepatitis C   ☐ HCV infection (chronic or resolved)
☐ Acute hepatitis E   ☐ Acute non-ABCD hepatitis

DRAFT COPY

Perinatal Hepatitis B Virus Infection

NETSS ID NO. ☐☐☐☐☐☐☐☐☐☐

STATE CASE NO. _____

RACE OF MOTHER:

☐ Amer Ind or Alaska Native   ☐ Black or African American   ☐ White   ☐ Unknown

☐ Asian   ☐ Native Hawaiian or Pacific Islander   ☐ Other Race, specify: _____

ETHNICITY OF MOTHER:

Hispanic .... ☐

Non-hispanic .... ☐

Other/Unknown .... ☐

	Yes	No	Unk

Was **Mother** born outside of United States?.. ☐ ☐ ☐   If yes, what country?_____

  Was the **Mother** confirmed HBsAg positive prior to or at time of delivery ? ... ☐ ☐ ☐

• If no, was the mother confirmed HBsAg positive after delivery? .... ☐ ☐ ☐

Date of HBsAg positive test result .... M M / D D / Y Y Y Y

How many doses of hepatitis B vaccine did the child receive ? 0 1 2 3

• When?

• Dose 1- M M / D D / Y Y Y Y

• Dose 2- M M / D D / Y Y Y Y

• Dose 3- M M / D D / Y Y Y Y

Did the child receive hepatitis B immune globulin (HBIG)? .... ☐ ☐ ☐

• If yes, on what date did the child receive HBIG? .... M M / D D / Y Y Y Y

69

PERINATAL HEPATITIS B CDC FORM for WebCMR:
To be completed for all cases of PERINATAL HEPATITIS B

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON					
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
CA Perinatal Hepatitis B Prevention Program ID	PHPPID	C9	Free Text		New variable
PATIENT DEMOGRAPHICS					New subsection called "Patient Demographics"
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years, 1=Months, 2=Weeks, 3=Days		

Case age:	AGE	Num			See var AGETYPE Above; Filled in by LHD
Calculated Age	AGECALC	Num			Calculated variable DTONSET or DTDX or DTALT or DTAST or DTDEATH or DTFILE - BIRTHDAT
Case gender	GENDER	C1	1=Male, 2=Female, 9=Unk	if = 2, or 9, then prompt for PREGNANT	
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	0=Not Hispanic or Not Latino, 1=Hispanic or Latino, 2 = Unknown		
Case race					check all that apply, new coding different from NETSS
Unknown	RACE_UNK	C1	1=Unknown	If =1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if =1 then prompt for Asian sub cats	check all that apply
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		

Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If =1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if= 1 then prompt for NHOPI sub cats	check all that apply
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If =1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If =1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text		
Occupation					check all that apply
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if =1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If =1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Born in the USA	B_USA	C1	1=USA, 2=Other	if =2 then prompt for B_CNTRY	
Country of Birth	B_CNTRY	C15	Free Text		
Clinical & Diagnostic Data					New subsection for this and following variables
Reason for Testing					check all that apply
Symptoms of acute hepatitis	TEST_SYMPTOM	C1	1=Symptoms of acute hepatitis	if =1 then TEST_RISKF and TEST_NORISKF must =0	
Evaluation of elevated liver enzymes	TEST_ENZYME	C1	1=Elevated liver enzymes		
Screening of asymptomatic pt. with reported risk factors	TEST_RISKF	C1	1=Risk Factors		
Screening of asymptomatic pt. with no risk factors	TEST_NORISKF	C1	1=No risk factors		

Prenatal Screening	TEST_PRENATAL	C1	1=prenatal screening		
Blood/Organ donor screening	TEST_DONOR	C1	1=blood/organ donor		
Follow-up testing for previous marker of viral hepatitis	TEST_MARKER	C1	1=previous hepatitis markers		
Unknown	TEST_UNK	C1	1=unknown		
Other	TEST_OTHER		Free Text		
Clinical Data					
Diagnosis date	DTDX	num date	MMDDCCYY		
Symptoms	SYMPTOMS	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt for DTONSET	
Onset date	DTONSET	num date	MMDDCCYY	must be on or after BIRTHDAT	
Jaundiced	JAUNDICE	C1	1=Yes, 2=No, 9=Unk	if =1 then prompt for SYMPTOMS to also =1	
Hospitalized for hepatitis	HOSPITALIZE	C1	1=Yes, 2=No, 9=Unk		
Pregnant	PREGNANT	C1	1= Yes, 2=No, 9=Unk	if = 1, then prompt for EDD	
Estimated date of delivery	EDD	Num Date	MMDDCCYY		
Died from hepatitis	DIED	C1	1=Yes, 2=No, 9=Unk	if = 1 then prompt for DTDEATH	
Date of death	DTDEATH	num date			
Diagnostic Tests					New subsection
Total anti-HAV	ANTI_HAV	C1	1=Positive, 2=Negative, 9=Unk		
IgM anti-HAV	IGM_ANTI_HAV	C1	1=Positive, 2=Negative, 9=Unk		
HBsAg	HBSAG	C1	1=Positive, 2=Negative, 9=Unk		
Total anti-HBc	ANTI_HBC	C1	1=Positive, 2=Negative, 9=Unk		
IgM anti-HBc	IGM_ANTI_HBC	C1	1=Positive, 2=Negative, 9=Unk		
anti-HCV	ANTI_HCV	C1	1=Positive, 2=Negative, 9=Unk		
anti-HCV cut off ratio	ANTI_HCV_CUT	C8	Free Text		
supplemental assay	SUPPLEMENTAL	C1	1=Positive, 2=Negative, 9=Unk		
HCV RNA	HCV_RNA	C1	1=Positive, 2=Negative, 9=Unk		
anti-HDV	ANTI_HDV	C1	1=Positive, 2=Negative, 9=Unk		
anti-HEV	ANDI_HEV	C1	1=Positive, 2=Negative, 9=Unk		
Epi link	EPILINK	C1	1=Yes, 2=No, 9=Unk		
Liver Enzyme Levels at Time of Diagnosis					New subsection
ALT	ALT	N4	Free Text		
date of ALT	DTALT	num date	MMDDCCYY		
ALT Upper limit normal	ALTNORM	N4	Free Text		
AST	AST	N4	Free Text		
date of AST	DTAST	num date	MMDDCCYY		
AST upper limit normal	ASTNORM	N4	Free Text		
Diagnoses				check all that apply	New subsection
Acute Hep A	HEPA	C1	1=Acute Hep A		
Acute Hep B	HEPB_ACUTE	C1	1=Acute Hep B		
Chronic Hep B	HEPB_CHRON	C1	1=Chronic Hep B		
Perinatal HBV	HEPB_PN	C1	1=Perinatal Hep B		

Acute Hep C	HEPC_ACUTE	C1	1=Acute Hep C		
HCV Infection (chronic or resolved)	HEPC_CHRO	C1	1=HCV Infection (chronic or resolved)		
Hepatitis Delta	HEPDELTA	C1	1=Hep Delta		
Acute Hep E	HEPE	C1	1=Acute Hep E		
Acute non-ABCD hepatitis	HEP_NONABCD	C1	1=Acute non-ABCD		
Information on Mother of Patient					New subsection
Race of Mother	RACE_MOM	C1	1=American Indian or Alaska Native, 2=Asian, 3=Black/African American, 4=Native Hawaiian or Pacific Islander, 5=White, 6=Other, 9=Unknown	if=6 then prompt RACE_MOM_OTR	
Race of Mother, other, specified	RACE_MOM_OTR	C12	Free Text		
Ethnicity of Mother	ETHNICIT_MOM	C1	1=Hispanic, 2=Non-hispanic, 9=Other/Unk		
Was Mother born outside USA	B_CNTRY_MOM	C1	1=Yes, 2=No, 9=Unk	if=2 then prompt B_CNTRY_MOMSP	
Mother country specified	B_CNTRY_MOMSP	C12	Free Text		
Was mother confirmed HBsAg positive prior to or at delivery	HBSAG_BDEL	C1	1=Yes, 2=No, 9=Unk	if =2 then prompt for HBSAG_ADEL	
Was mother confirmed HBsAg positive after delivery	HBSAG_ADEL	C1	1=Yes, 2=No, 9=Unk		
Date of mother's HBsAg+ test result	HBSAG_DT	num date	MMDDCCYY		
Vaccination History					New subsection
How many doses of Hep B vaccine did child receive	VACDOSES	N1	0='0', 1='1', 2='2', 3='3', 4='4'	if =1 then prompt VACDATE1; if=2 then prompt VACDATE1 and VACDATE2; if=3 then prompt VACDATE1, VACDATE2 and VACDATE3; if=4 then prompt VACDATE1, VACDATE2, VACDATE3 and VACDATE4	
Hepatitis B vaccination date - Hepatitis B-containing vaccine 1	VACDATE1	Num Date	MMDDCCYY		
Hepatitis B vaccination date - Hepatitis B-containing vaccine 2	VACDATE2	Num Date	MMDDCCYY		
Hepatitis B vaccination date - Hepatitis B-containing vaccine 3	VACDATE3	Num Date	MMDDCCYY		
Hepatitis B vaccination date - Hepatitis B-containing vaccine 4	VACDATE4	Num Date	MMDDCCYY		
Received HBIG	HBIG	C1	1=Yes, 2=No, 9=Unknown	if=1 then prompt HBIGDT	
HBIG date	HBIGDT	Num Date	MMDDCCYY		

California Perinatal Hepatitis B Prevention Program
Confidential HBsAg+ Case/Household Management Report

☐ New Report ☐ Update ☐ In-State Transfer ☐ Close
☐ Out-of-State Transfer

Mail to: Perinatal Hepatitis B Prevention Program
Immunization Branch
California Department of Health Services
850 Marina Bay Parkway
Building P, 2nd Floor
Richmond, CA 94804

MOTHER

1. **Case/Household Identification No.** /___/___/-/___/___/-/___/___/-/___/___/___/ (county of origin)
   County   mm   yy

2. **County:**_____ 3. **Case/Household Identification No.** /___/___/-/___/___/-/___/___/-/___/___/___/ (transfer county)
   County   mm   yy

4. **Date this report initiated** ____/____/_____
   mm   dd   yyyy

5. **Name:** _____ _____ _____ 6. **SSN** /__/__/__/-/__/__/-/__/__/__/__/__/
   Last   First   MI

7. **City** _____ 8. **Zip** /__/__/__/__/__/ 9. **Mother's date of birth** ____/____/_____
   mm   dd   yyyy

10. **Mother's age when screened** _____ 11. **EDD** ____/____/_____
   mm   dd   yyyy

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12. **Is this the first case/household management report submitted to CA Perinatal Hep. B Prog. on this mother?**
   1☐ Yes   2☐ No   9☐ Unknown

13. **Source of HBsAg+ report (check all that apply)**
   1☐ Laboratory   4☐ Delivery hospital
   2☐ Prenatal care provider   5☐ Other (Specify): _____
   3☐ Infant's care provider   9☐ Unknown

14a. **Was HBsAg+ known before this pregnancy?**
   1☐ Yes   2☐ No   9☐ Unknown

   b. If "Yes", was this discovered in connection with a previous pregnancy?
   1☐ Yes   2☐ No   9☐ Unknown

15a. **When was HBsAg+ test done?**
   1☐ Pre-pregnancy   2☐ At delivery
   3☐ During pregnancy   9☐ Other/Unk

   b. If "During pregnancy", enter month of pregnancy :_____

16. **Planned payment for delivery?**
   1☐ Medi-Cal   4☐ Self-pay
   2☐ Other/Govt. 3rd party payer   5☐ Low income: _____
   3☐ Private 3rd party payer   9☐ Other/Unk: _____

17. **Planned delivery hospital?**
   1☐ Public hospital   3☐ Outside of hospital
   2☐ Private hospital   9☐ Unknown

18a. **Country of mother's birth**
   1☐ U.S.A.   2☐ Other (Specify): _____   9☐ Unknown

   b If "Other", Is she a refugee? 1☐ Yes 2☐ No 9☐ Unknown

Answer all ethnicity and race questions: (Check all that apply)

19a. **Ethnicity:**
   1☐ Hispanic   2☐ Non-Hispanic   9☐ Unknown

19b. **Race:**
   1☐ White   2☐ Black   3☐ Amer. Indian/Alaskan Native
   4☐ Asian*   5☐ Pacific Islander*   6☐ Other/Unspecified

c. *If Asian, please check all that apply:
   1☐ Chinese   2☐ Japanese   3☐ Korean
   4☐ Filipino   5☐ Asian Indian   6☐ Cambodian (non-Hmong)
   7☐ Thai   8☐ Laotian (non-Hmong)   9☐ Vietnamese (non-Hmong)
   10☐ Hmong   11☐ Other Asian

d. *If Pacific Islander, please check all that apply:
   1☐ Guamanian   2☐ Samoan
   3☐ Native Hawaiian   4☐ Other Pacific Islander

20. **Date of initial report:**
   ____/____/_____
   mm   dd   yyyy

21. **Date of vaccine series completion:**
   ____/____/_____
   mm   dd   yyyy

22. **Date of PVS report:**
   ____/____/_____
   mm   dd   yyyy

DHS 8546 (4/07)   Page 1 of 4   IMM 313 (4/07)

INFANT(S)

1. **Case/Household Identification No**. /__/__/-/__/__/-/__/__/-/__/__/__/ (county of origin)
   County   mm   yy

2. **Case/Household Identification No**. /__/__/-/__/__/-/__/__/-/__/__/__/ (transfer county)
   County   mm   yy

3. **This pregnancy resulted in a: (Check all that apply)**
   a. Live birth ⟶ Number of live infant(s) born (1,2 etc): ___
   b. Fetal death ⟶ Number of fetal deaths: ___
   c. Miscarriage or abortion ⟶ □(check box if 'yes')

4. **Actual source of payment for delivery?**
   1□ Medi-Cal   4□ Self-pay
   2□ Other/Govt. 3rd party payer 5□ Low income: _____
   3□ Private 3rd party payer   9□ Other/Unk: _____

5. **Actual delivery hospital?**
   1□ Public hospital   3□ Outside of hospital
   2□ Private hospital   9□ Unknown

6a. **Infant #____** If only one live infant, enter "1". If two or more live infants, attach additional page for each infant, assign the same case/household ID number on this form, number each infant accordingly (1, 2, 3 etc) and complete the infant section only.

6b. **Name:** _____ _____ _____
         Last   First   MI

7. **Birth date:** ___/___/_____
             mm   dd   yyyy

8. **Sex:** 1□Male   2□Female

Immunization Record:

9. **HBIG**   a. □ Not given
              b. Age when given (hours) _____
              c. Date when given ___/___/_____
                             mm   dd   yyyy

10. **Hep B Vac1** a. □ Not given
                   b. Age when given (hours) _____
                   c. Date when given ___/___/_____
                                  mm   dd   yyyy

11. **Hep B Vac2** Date when given ___/___/_____
                                mm   dd   yyyy

12. **Hep B Vac3** Date when given ___/___/_____
                                mm   dd   yyyy

13. **Hep B Vac4** Date when given ___/___/_____
    (If applicable)   mm   dd   yyyy

Lost to Follow-up (for mother and infant):
19. If infant does not complete the Heb B vaccine series or post-vaccination serology testing, check all of the reasons that apply.
   a. □ Infant completed Hep B series but was lost before serology testing was completed
   b. □ Infant diagnosed with acute Hep B before vaccine series was completed
   c. □ Infant could never be located
   d. □ Located mother/household but later lost to follow-up
   e. □ Infant moved or transferred to another county within the state for follow-up and don't know whether vaccination series was completed or not
   f. □ Infant moved out of the state
       new address: _____
                    _____
   g. □ Infant moved out of the country
   h. □ Compliance problem with family
   i. □ Infant died
   j. □ Other (specify): _____

Post-Vaccination Follow-up Serology Record:

14. a. **HBsAg test done?** 1□Yes 2□No 9□Unk
    If 'Yes': b. Date done ___/___/_____
                        mm   dd   yyyy
    c. Result: 1□Pos 2□Neg 9□Unk

15. a. **Anti-HBs test done?** 1□Yes 2□No 9□Unk
    If 'Yes': b. Date done ___/___/_____
                        mm   dd   yyyy
    c. Result: 1□Pos 2□Neg 9□Unk

Second Series Immunization and Repeat Post-Vaccination Serology Record:

16. a. **If 'Neg', did infant receive a 2nd series of vaccine?**
       1□ Yes   2□ No   9□ Unk
    b. **Hep B Vac1** ___/___/_____
                   mm   dd   yyyy
    c. **Hep B Vac2** ___/___/_____
                   mm   dd   yyyy
    d. **Hep B Vac3** ___/___/_____
                   mm   dd   yyyy

17. a. **Was HBsAg test done after completion of 2nd series?**
       1□Yes   2□No   9□Unk
    b. Date done ___/___/_____
               mm   dd   yyyy
    c. Result: 1□Pos   2□Neg   9□Unk

18. a. **Was Anti-HBs test done after 2nd series?**
       1□Yes   2□No   9□Unk
    b. Date done ___/___/_____
               mm   dd   yyyy
    c. Result: 1□Pos   2□Neg   9□Unk

CONTACTS

1. **Case/Household Identification No.** /__/__/-/__/__/-/__/__/-/__/__/__/ (county of origin)
   County   mm   yy

2. **Case/Household Identification No.** /__/__/-/__/__/-/__/__/-/__/__/__/ (transfer county)
   County   mm   yy

3. **All Household Contacts**

a. _____ Total number of household contacts identified (a = b+c+d+j+k)

   b. _____ Number already known to be chronically infected or immune due to prior infection of Hep B

   c. _____ Number previously immunized

   d. _____ Number seroscreened for Hep B markers (usually anti-HBc)

      e. ____ Of those seroscreened, number age ≤ 5 years

      f . ____ Of those seroscreened, number age ≥ 6 years

      g. ____ Of those seroscreened, number found to be already infected or immune

      h. ____ Of those seroscreened, number found to be susceptible (i.e. negative for Hep B markers)

         i. _____ Of those found to be susceptible, number vaccinated

   j. _____ Number vaccinated without screening

   k. _____ Number lost to follow-up

4. **Household Contacts Receiving Immunization (list in any order)**
Please enter the codes in ( ) into the spaces below.

	a. Name (optional)	b. Age: 0-5 yrs (1); 6-21 yrs (2); >21 yrs. (3)	c. Hep B Vac 1 given? Yes (1); No (2); Unk (9)	d. Hep B Vac 2 given? Yes (1); No (2); Unk (9)	e. Hep B Vac 3 given? Yes (1); No (2); Unk (9)
Contact 1					
Contact 2					
Contact 3					
Contact 4					
Contact 5					
Contact 6					

5. **Lost to Follow-Up**
If any of the household contacts listed above does not complete the 3-dose series, check all of the reasons that apply.

a. ☐ Contact(s) located but later lost to follow-up

b. ☐ Contact(s) found to be already infected or immune after series was started

c. ☐ Contact(s) transferred to another county within the state for follow-up and don't know whether vaccination series was completed or not

d. ☐ Contact(s) moved out of the state

e. ☐ Contact(s) moved out of the country

f. ☐ Contact(s) died

g. ☐ Compliance problem with family

h. ☐ Other (specify): _____

1 **Case/Household Identification No.** /__/__/-/__/__/-/__/__/-/__/__/__/ (county of origin)
County   mm   yy

2 **Case/Household Identification No.** /__/__/-/__/__/-/__/__/-/__/__/__/ (transfer county)
County   mm   yy

Optional worksheet (Do not send to State)

Name _____

Household address(es)/phone(s) _____

_____

Translator needed?   YES   NO   Mother's language _____

Staff person assigned to case/household_____   Delivery hospital _____

Provider type_____   Provider type _____

Physician name_____   Physician name _____

Clinic address(es) _____   Clinic address(es) _____

Phone(s) _____   Phone(s) _____

Infant(s)   Dates Doses Due/Given= | Due |
                                            | Given |

Name(s)	Date of Birth	HBIG/Vac #1	Vac #2	Vac #3	Vac 4	PVS*
1.						
2.						

*Post Vaccination Serology Testing

Household Contacts   Dates Doses Due/Given= | Due |
                                                     | Given |

Name(s)	DOB	Sex	Date Referred	Serology Results*	Vac #1	Vac #2	Vac #3	Notes
1.								
2.								
3.								
4.								
5.								
6.								

Perinatal HepB Case/Household Management Form for WebCMR

Variable	CRF Item Number	Current Name	Values	Type	Error Checks/ Skip Patterns/Comments	Page #
Mother						
Case/Household ID	1	ID		C9		M
	2		ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA			
County/Jurisdiction		CO		C15		M
Transfer ID	3	IDNOTRM		C9		M
Date Report Initiated	4	DTRPT	MMDDYYYY	Num date		M
Mother's last name	5	LNAMEM		C15		M
Mother's first name	5	FNAMEM		C15		M
Mother's MI	5	MIM		C15		M
Mother's SSN	6	SSN		C9	No dashes	M
City	7	CITY		C15		M
ZIP	8	ZIP		C5		M
Mother's DOB	9	DOB	MMDDYYYY	Num date		M
Mother's age	10	AGEMOM		N2		M
Estimated Date of Delivery	11	EDD	MMDDYYYY	Num date		M
Is this the first report?	12	FIRSTRPT	1=Yes, 2=No, 9=Unknown	C1		M
Source of HBsAg+ report to LHD	13	SRCRPT	1=Laboratory, 2=Prenatal care provider, 3=Infant's care provider, 4=Delivery Hospital, 5=Other, 9=Unknown	C1		M
Was HBsAg+ status known b/f pregnancy?	14a	KNOWNPOS	1=Yes, 2=No, 9=Unknown	C1	if=1 then prompt PREVPREG	M
If "yes" was this discovered with prev preg?	14b	PREVPREG	1=Yes, 2=No, 9=Unknown	C1		M
When was HBsAg testing done for this pregnancy	15a	WHENTSTA	1=Pre-pregnancy, 2=At delivery, 3=During pregnancy, 9=Other/Unknown	C1		M
Month of pregnancy tested	15b	WHENTSTB		N1		M
Planned payment for delivery	16	PAYMENTM	1=Medi-Cal, 2=Other/Gov't 3rd party payer, 3=Private 3rd party payer, 4=Self-pay, 5=Low Income, 9=Other/Unknown	C1		M
Planned delivery hospital	17	HOSPM	1=Public, 2=Private, 3=Outside of a hospital, 9=Unknown	C1		M
Mother's country of birth	18a	COUNTRY	1=USA, 2=Other, 9=Unknown	C1	if=2 then prompt COUNTRYOTH	M
Specify other country of birth:	18a other/specify	COUNTRYOTH	Free Text	C15		M
Mother's refugee status	18b	REFUGEE	1=Yes, 2=No, 9=Unknown	C1		M
Case race						
Ethnicity	19a	ETHNIC	1=Hispanic, 2=Non-Hispanic, 9=Unknown	C1		M
White	19b1	WHITE	1=White	C1		M
African-American or Black	19b2	BLACK	1=African-American or Black	C1		M
American Indian or Alaska Native	19b3	AI_AN	1=American Indian or Alaska Native	C1		M
Asian	19b4	ASIAN	1=Asian	C1	if =1 then prompt for Asian sub cats	M

4/25/2007

Chinese	19c1	CHINESE	1=Chinese	C1		M
Japanese	19c2	JAPANESE	1=Japanese	C1		M
Korean	19c3	KOREAN	1=Korean	C1		M
Filipino	19c4	FILIPINO	1=Filipino	C1		M
Asian Indian	19c5	A_INDIAN	1=Asian Indian	C1		M
Cambodian (non-Hmong)	19c6	CAMBO	1=Cambodian	C1		M
Thai	19c7	THAI	1=Thai	C1		M
Laotian (non-Hmong)	19c8	LAOTIAN	1=Laotian	C1		M
Vietnamese (non-Hmong)	19c9	VIET	1=Vietnamese	C1		M
Hmong	19c10	HMONG	1=Hmong	C1		M
Asian Other	19c11	ASIANOTH	1=Other Asian	C1		M
Pacific Islander	19b5	NHOPI	1=Pacific Islander	C1	if= 1 then prompt for NHOPI sub cats	M
Guamanian	19d1	GUAMAN	1=Guamanian	C1		M
Samoan	19d2	SAMOAN	1=Samoan	C1		M
Native Hawaiian	19d3	HAWAII	1=Native Hawaiian	C1		M
Pacific Islander Other	19d4	PAC_OTH	1=Other Pacific Islander	C1		M
Other/Unknown Race	19b6	RACEOTH	1=Other/Unknown Race	C1		M
Date report submitted	20	DTINIT	MMDDYYYY	Num date		M
Date Completed Vaccine Series	21	DTCLOSE	MMDDYYYY	Num date		M
PVS results date	22	DTPVS	MMDDYYYY	Num date		M
Infant(s)						
Case/Household ID	1	ID		C9		I
Transfer ID	2	IDNOTRI		C9		I
This pregnancy resulted in:						
Number of live infants born	3a	NOBORNI		N1		I
Number of fetal deaths	3b	NOFETAL		N1		I
Miscarriage or Abortion	3c	MISCARR	1=Yes	C1		I
Actual source of payment	4	PAYMENTI	1=Medi-Cal, 2=Other/Gov't 3rd party payer, 3=Private 3rd party payer, 4=Self-pay, 5=Low Income, 9=Other/Unknown	C1		I
Actual delivery hospital	5	HOSPI	1=Public, 2=Private, 3=Outside of a hospital, 9=Unknown	C1		I
Repeat remaining variables on Infant page for each live infant up to the number of live infants entered above in variable NOBORNI						
Infant Number	6a	INFANTNO	1, 2, 3…. As appropriate	N1	if 1 live infant enter 1, if more than 1 enter 2, 3…. As appropriate	I
Infant last name	6b	LNAMEI		C15		I
Infant first name	6b	FNAMEI		C15		I
Infant MI	6b	MII		C1		I
Infant DOB	7	DOBI	MMDDYYYY	Num date		I
Infant sex	8	SEXI	1=Male, 2=Female	C1		I
Infant HBIG not given	9a	HBIG	1=HBIG Not Given	C1		I
Infant HBIG age	9b	HBIGAGE		N2	age in hours	I
Infant HBIG date	9c	HBIGDT	MMDDYYYY	Num date		I
Infant VAC1 not given	10a	VAC1	1=VAC1 Not Given	C1		I
Infant Vac1 age	10b	VAC1AGE		N2	age in hours	I
Infant Vac1 date	10c	VACDT1	MMDDYYYY	Num date		I
Infant Vac2 date	11	VACDT2	MMDDYYYY	Num date		I
Infant Vac3 date	12	VACDT3	MMDDYYYY	Num date		I
Infant Vac4 date	13	VACDT4	MMDDYYYY	Num date	if applicable	I
Infant HBsAg test done	14a	HBSAG	1=Yes, 2=No, 9=Unknown	C1		I
Infant HBsAg date	14b	DTHBSAG	MMDDYYYY	Num date		I
Infant HBsAg result	14c	RSHBSAG	1=Positive, 2=Negative, 9=Unknown	C1		I
Infant Anti-HBs test done	15a	ANTIHB	1=Yes, 2=No, 9=Unknown	C1		I
Infant Anti-HBs date	15b	DTANTIH	MMDDYYYY	Num date		I
Infant Anti-HBs result	15c	RSANTIH	1=Positive, 2=Negative, 9=Unknown	C1	if=2 then prompt SECSER	I
Did infant receive a 2nd series of Hep B vaccine?	16a	SECSER	1=Yes, 2=No, 9=Unknown	C1	if=1 then prompt for SECVAC1, SECVAC2, SECVAC3, SECSAG, SECANTIH	I

Description	Item	Variable	Values	Type	Notes	
2nd series Vac1 date	16b	SECVAC1	MMDDYYYY	Num date		I
2nd series Vac2 date	16c	SECVAC2	MMDDYYYY	Num date		I
2nd series Vac3 date	16d	SECVAC3	MMDDYYYY	Num date		I
Was HBsAg test done after completion of second series?	17a	SECSAG	1=Yes, 2=No, 9=Unknown	C1	1f=1 then prompt SECDTSAG and SECRSSAG	I
Date of second HBsAg test	17b	SECDTSAG	MMDDYYYY	Num date		I
Result of second HBsAg test	17c	SECRSSAG	1=Positive, 2=Negative, 9=Unknown	C1		I
Was anti-HBs test done after completion of second series?	18a	SECANTIH	1=Yes, 2=No, 9=Unknown	C1	if=1 then prompt SECDTANTIH and SECRSANTIH	I
Date of second anti-HBs test	18b	SECDTANTIH	MMDDYYYY	Num date		I
Result of second anti-HBs test	18c	SECRSANTIH	1=Positive, 2=Negative, 9=Unknown	C1		I
If infant did not complete the Hep B vaccine series or PVS testing check all that apply						
Infant vaccinated but lost before PVS	19a	INFVAC	1=Yes	C1		I
Infant diagnosed with acute hep b	19b	INFACUT	1=Yes	C1		I
Infant never located	19c	INFLOC	1=Yes	C1		I
Infant located but lost	19d	INFLOST	1=Yes	C1		I
Moved out of county within the State	19e	INFMOVECO	1=Yes	C1		I
Moved out of State	19f	INFMOVEST	1=Yes	C1	if=1 then prompt for new address	I
New address if known	19f other/specify	NEWADDRESS	Free Text	C30		I
Moved out of country	19g	INFMOVEUS	1=Yes	C1		I
Infant compliance probs	19h	INFCOMP	1=Yes	C1		I
Infant died	19i	INFDIED	1=Yes	C1		I
Infant other LTF reason	19j	INFOTH	1=Yes	C1	if=1 then prompt to specify other reason	I
Specify other LTF reason:	19j other/specify	INFOSPEC	Free Text	C20		I
Household Contacts						
Case/Household ID	1	ID		C9		H
Transfer ID	2	IDNOTRH		C9		H
Number identified	3a	NOHC		N2	NOHC = NOKNNPOS + NOPIMM + NOSCREEN + NOIMM + NOLOST	H
Number already known positive for Hep B markers due to prior or chronic Hep B infection	3b	NOKWNPOS		N2		H
Number previously immunized	3c	NOPRIMM		N2		H
Number seroscreened	3d	NOSCREEN		N2	if >0 then prompt NOAGE6Y, NOAGE7Y, NOHEPPOS, and NOHEPNEG	H
Of those seroscreened, no. age le 5	3e	NOAGE6Y		N2		H
Of those seroscreened, no. age ge 6	3f	NOAGE7Y		N2		H
Of those seroscreened, number found to be infected or immune (either from prior infection or vaccination)	3g	NOHEPPOS		N2		H
Of those seroscreened, number found to be susceptible	3h	NOHEPNEG		N2	if >0 then prompt NOSCNVAC	H
Of those susceptible, number vaccinated	3i	NOSCNVAC		N2		H
Number vaccinated w/o screening	3j	NOIMM		N2		H
Number lost/not screened	3k	NOLOST		N2		H
Household Contacts Receiving Immunization						
Number of HHC receiving Immunization	Calculated	NOVAX		N2	NOVAX= NOSCNVAC + NOIMM; If >1 then prompt for up to five additional contacts	H
Contact 1						
Contact 1 Name	4a1	HHC1NAME		C15		H
Contact 1 Age	4b1	HHC1AGE	1='0-5 Years'; 2='6-20 Years'; 3='≥21 years'	C1		H

Contact 1 Hep B Vac1 given	4c1	HHC1VAC1	1=Yes, 2=No, 9=Unknown	C1		H
Contact 1 Hep B Vac2 given	4d1	HHC1VAC2	1=Yes, 2=No, 9=Unknown	C1		H
Contact 1 Hep B Vac3 given	4e1	HHC1VAC3	1=Yes, 2=No, 9=Unknown	C1		H
Contact 2						
Contact 2 Name	4a2	HHC2NAME		C15		H
Contact 2 Age	4b2	HHC2AGE	1='0-5 Years'; 2='6-20 Years'; 3='≥21 years'	C1		H
Contact 2 Hep B Vac1 given	4c2	HHC2VAC1	1=Yes, 2=No, 9=Unknown	C1		H
Contact 2 Hep B Vac2 given	4d2	HHC2VAC2	1=Yes, 2=No, 9=Unknown	C1		H
Contact 2 Hep B Vac3 given	4e2	HHC2VAC3	1=Yes, 2=No, 9=Unknown	C1		H
Contact 3						
Contact 3 Name	4a3	HHC3NAME		C15		H
Contact 3 Age	4b3	HHC3AGE	1='0-5 Years'; 2='6-20 Years'; 3='≥21 years'	C1		H
Contact 3 Hep B Vac1 given	4c3	HHC3VAC1	1=Yes, 2=No, 9=Unknown	C1		H
Contact 3 Hep B Vac2 given	4d3	HHC3VAC2	1=Yes, 2=No, 9=Unknown	C1		H
Contact 3 Hep B Vac3 given	4e3	HHC3VAC3	1=Yes, 2=No, 9=Unknown	C1		H
Contact 4						
Contact 4 Name	4a4	HHC4NAME		C15		H
Contact 4 Age	4b4	HHC4AGE	1='0-5 Years'; 2='6-20 Years'; 3='≥21 years'	C1		H
Contact 4 Hep B Vac1 given	4c4	HHC4VAC1	1=Yes, 2=No, 9=Unknown	C1		H
Contact 4 Hep B Vac2 given	4d4	HHC4VAC2	1=Yes, 2=No, 9=Unknown	C1		H
Contact 4 Hep B Vac3 given	4e4	HHC4VAC3	1=Yes, 2=No, 9=Unknown	C1		H
Contact 5						
Contact 5 Name	4a5	HHC5NAME		C15		H
Contact 5 Age	4b5	HHC5AGE	1='0-5 Years'; 2='6-20 Years'; 3='≥21 years'	C1		H
Contact 5 Hep B Vac1 given	4c5	HHC5VAC1	1=Yes, 2=No, 9=Unknown	C1		H
Contact 5 Hep B Vac2 given	4d5	HHC5VAC2	1=Yes, 2=No, 9=Unknown	C1		H
Contact 5 Hep B Vac3 given	4e5	HHC5VAC3	1=Yes, 2=No, 9=Unknown	C1		H
Contact 6						
Contact 6 Name	4a6	HHC6NAME		C15		H
Contact 6 Age	4b6	HHC6AGE	1='0-5 Years'; 2='6-20 Years'; 3='≥21 years'	C1		H
Contact 6 Hep B Vac1 given	4c6	HHC6VAC1	1=Yes, 2=No, 9=Unknown	C1		H
Contact 6 Hep B Vac2 given	4d6	HHC6VAC2	1=Yes, 2=No, 9=Unknown	C1		H
Contact 6 Hep B Vac3 given	4e6	HHC6VAC3	1=Yes, 2=No, 9=Unknown	C1		H
Lost to Follow-up						
Contacts located then lost	5a	HHCLOC		N2		H
Contacts already infected	5b	HHCINF		N2		H
Contacts already immune	5c	HHCIMM		N2		H
Contacts moved out of state	5d	HCCMOVEST		N2		H
Contacts moved out of country	5e	HHCMOVEUS		N2		H
Contacts died	5f	HHCDIED		N2		H
Family has compliance problem	5g	HHCCOMP		N2		H
Contacts LTF for other reason	5h	HHCOTH		N2	if=1 then prompt to specify other reason	H
Specify other LTF reason:	5h other/specify	HHCOSPEC	Free Text	C20		H

State of California—Health and Human Services Agency

Department of Health Services
DCDC Immunization Branch
Building P, 2nd Floor
850 Marina Bay Parkway
Richmond, CA 94804-6403

MEASLES (RUBEOLA) CASE REPORT

PATIENT DEMOGRAPHICS

Patient name—last   first   middle initial | Date of birth ____/____/_____ | Age (enter age and check one) _____ ☐ Days ☐ Weeks ☐ Months ☐ Years | Gender ☐ Male ☐ Female

Address (number, street) | City | State | ZIP code | County

ETHNICITY (check one)   ☐ Hispanic or Latino   ☐ Not Hispanic or Latino   ☐ Unknown

RACE (check all that apply)

☐ Unknown   ☐ Asian   ☐ Native Hawaiian or Other Pacific Islander
☐ African-American or Black   ☐ Asian Indian   ☐ Hmong   ☐ Thai   ☐ Native Hawaiian
☐ American Indian or Alaska Native   ☐ Cambodian   ☐ Japanese   ☐ Vietnamese   ☐ Guamanian
☐ White   ☐ Chinese   ☐ Korean   ☐ Other Asian: _____   ☐ Samoan
☐ Other: _____   ☐ Filipino   ☐ Laotian   ☐ Other Pacific Islander: _____

Occupation (check all that apply)

☐ Food service   ☐ Health care   ☐ Day care   ☐ School   ☐ Correctional facility   ☐ Other: _____

Country of birth | Country of residence

COMMON LHD TRACKING DATA

CMRID number | IZB Case ID number | Web CMR ID number

Date reported to county ____/____/_____ | Date investigation started ____/____/_____ | Person/clinician reporting case | Reporter telephone (   )

Case investigator completing form | Investigator telephone (   ) | Investigator's LHD or jurisdiction

SIGNS AND SYMPTOMS

Rash ☐ Yes ☐ No ☐ Unknown | Rash onset date ____/____/_____ | Rash duration _____ days | Generalized rash ☐ Yes ☐ No ☐ Unknown | Origin on body | Direction of spread

Fever ☐ Yes ☐ No ☐ Unknown | Fever onset date ____/____/_____ | Was temperature taken ☐ Yes ☐ No ☐ Unknown | Was temperature ≥ 101°F (38.3°C) ☐ Yes ☐ No ☐ Unknown | If temperature not taken, skin was ☐ Hot ☐ Warm ☐ Normal ☐ Unknown

Cough ☐ Yes ☐ No ☐ Unknown | Runny nose (coryza) ☐ Yes ☐ No ☐ Unknown | Conjunctivitis ☐ Yes ☐ No ☐ Unknown | Koplik's spots ☐ Yes ☐ No ☐ Unknown

Other symptoms ☐ Yes ☐ No ☐ Unknown | Describe other symptoms | Date of diagnosis ____/____/_____

Does case meet clinical criteria for further investigation ☐ Yes ☐ No ☐ Unknown | **CASE MEETS CDC/CSTE CLINICAL CRITERIA?** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized ☐ Yes ☐ No ☐ Unknown | Days hospitalized | Pneumonia ☐ Yes ☐ No ☐ Unknown | Encephalitis ☐ Yes ☐ No ☐ Unknown | Other complications ☐ Yes ☐ No ☐ Unknown

Death ☐ Yes ☐ No ☐ Unknown | Date of death (mm/dd/yy) ____/____/_____ | Describe other complications

LABORATORY TESTS

Any lab tests done for measles ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR LHD USE)* ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown | **LAB RESULT CODES**

Serology performed ☐ Yes ☐ No ☐ Unknown

	Specimen Date	Titer Result	Test Reference Index	Result Interpretation
IgM	____/____/____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (acute)	____/____/____			
IgG (convalescent)	____/____/____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U ☐ Z

P = Positive—Evidence of recent or current infection
N = Negative—Antibody not detected
I = Indeterminate
E = Pending
X = Not done
U = Unknown
Z = Infection at undetermined time or immunization

Specimen taken for virus isolation ☐ Yes ☐ No ☐ Unknown | Specimen source ☐ Nasopharyngeal ☐ Urine ☐ Other ☐ Unknown | Specimen date ____/____/_____ | Virus isolated ☐ Yes ☐ No ☐ Unknown | Name of lab: _____

Specimen sent to CDC for genotyping ☐ Yes ☐ No ☐ Unknown | Date sent ____/____/_____ | Virus genotype

Other lab tests completed ☐ Yes ☐ No ☐ Unknown | Specify lab tests | Other lab test results

DHS 8345 (10/05)

Page 1 of 2

VACCINATION/MEDICAL HISTORY

Received one or more doses of measles containing vaccine (MCV)

☐ Yes   ☐ No   ☐ Unknown

Number of doses

Vaccination dates—Dose 1	Dose 2	Dose 3
_____/_____/_____	_____/_____/_____	_____/_____/_____

Reason not vaccinated (check only one)

1 ☐ Personal Beliefs Exemption (PBE)
2 ☐ Permanent Medical Exemption (PME)
3 ☐ Temporary Medical Exemption

4 ☐ Lab confirmation of previous disease
5 ☐ MD Diagnosis of previous disease
6 ☐ Under age for vaccination

7 ☐ Delay in starting series or between doses
8 ☐ Other
9 ☐ Unknown

Prior MD diagnosed measles (see reason 5)	Pregnant	Immunocompromised
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

EXPOSURE/TRAVEL HISTORY

Acquisition setting *(check all that apply)*:

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office

4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic

7 ☐ Home
8 ☐ Work
9 ☐ Unknown

10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility

13 ☐ Church
14 ☐ International travel
15 ☐ Other

Recent travel or arrival from other country or state within 18 days of rash onset   ☐ Yes   ☐ No   ☐ Unknown

Countries or states visited	Dates in countries or states visited	Date of arrival in California
		_____/_____/_____

Close contact with person(s) with rash 8–17 days before rash onset   ☐ Yes   ☐ No   ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)	Same Household
1		_____/_____/_____			☐ Yes ☐ No ☐ Unknown
2		_____/_____/_____			☐ Yes ☐ No ☐ Unknown
3		_____/_____/_____			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a confirmed case	Case name or Case ID	Outbreak related	Outbreak name or location
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

Import status *(FOR LHD USE)*	Linked to imported case *(FOR LHD USE)*
☐ Indigenous ☐ Out-of-state import ☐ International import	☐ Yes ☐ No ☐ Unknown

Import status *(FOR STATE USE ONLY)*	Linked to imported case *(FOR STATE USE ONLY)*
☐ Indigenous ☐ Out-of-state import ☐ International import	☐ Yes ☐ No ☐ Unknown

CONTACT INVESTIGATION

Spread setting *(check all that apply)*

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office

4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic

7 ☐ Home
8 ☐ Work
9 ☐ Unknown

10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility

13 ☐ Church
14 ☐ International travel
15 ☐ Other

Number of susceptible contacts	Close contacts who have rash 8–17 days after exposure to case
	☐ Yes ☐ No ☐ Unknown

	Name of Case Contact	Rash Onset Date	Relationship	Age (Years)
1		_____/_____/_____		
2		_____/_____/_____		
3		_____/_____/_____		

Please list other contacts on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION *(FOR LHD USE)*	CASE CLASSIFICATION (FOR STATE USE ONLY)
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown	☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

MEASLES CASE CLASSIFICATION

Clinical Case Definition: An illness characterized by all the following: a generalized rash lasting greater than or equal to 3 days; a temperature greater than or equal to 101.0 $^{\circ}$F (greater than or equal to 38.3 $^{\circ}$C); cough, coryza, or conjunctivitis

Laboratory criteria for diagnosis – positive serologic test for measles immunoglobulin M antibody, or significant rise in measles antibody level by any standard serologic assay, or isolation of measles virus from a clinical specimen

Case Classification:

Suspected: any febrile illness accompanied by rash

Probable: a case that meets the clinical case definition, has noncontributory or no serologic or virologic testing, and is not epidemiologically linked to a confirmed case

Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed case. A laboratory-confirmed case does not need to meet the clinical case definition.

MEASLES FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
SIGNS AND SYMPTOMS	Assess if case meets minimum clinical criteria for further investigation					**New Tab for following section**
Rash		RASH	C1	Y=Yes, N=No, U=Unknown	If RASH="Y", then prompt for RASH_ON thru RASHSPRD; else skip to FEVER	**New subsection for this & following variables - called "RASH"**
Rash onset date		RASH_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Rash Duration		RASH_DUR	Num	Number of days	if >=7 days then prompt for confirmation	
Generalized Rash		GENERAL	C1	Y=Yes, N=No, U=Unknown		
Origin on body		RASHORIG	C25	Free Text		
Direction of spread		RASHSPRD	C25	Free Text		
Fever		FEVER	C1	Y=Yes, N=No, U=Unknown	if FEVER=Y then prompt for FEVER_ON thru SKINTEMP, else skip to COUGH	**New subsection for this & following variables - called "FEVER"**
Fever onset date		FEVER_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Was temperature taken?		TEMP_TAKE	C1	Y=Yes, N=No, U=Unknown	If TEMP_TAKE="Y" then prompt for TEMPERAT; if TEMP_TAKE="N" then prompt for SKINTEMP	
Was temperature >= 101.0F (38.3C)?		TEMPERAT	C1	Y=Yes, N=No, U=Unknown		
If temperature not taken, was case's skin hot, warm, or normal?		SKINTEMP	C1	1 = Hot, 2 = Warm, 3 = Normal, 9 = Unknown		
Cough		COUGH	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "OTHER SYMPTOMS"**
Runny nose (Coryza)		CORYZA	C1	Y=Yes, N=No, U=Unknown		
Conjunctivitis		CONJUNCT	C1	Y=Yes, N=No, U=Unknown		
Koplik's Spots		KOPLIKS	C1	Y=Yes, N=No, U=Unknown		
Other Symptoms		SYMP_OTH	C1	Y=Yes, N=No, U=Unknown	if ="Y" then prompt for SCOMMENT, else skip to DATE_DX	
Describe other symptoms		SCOMMENT	C120	Free Text		
Date of Diagnosis		DATE_DX	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" --** For LHD use only
Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y", RASH_DUR =">=3 days", (either TEMPERAT = "Y" or SKINTEMP = 1), and (either COUGH = "Y" or CORYZA = "Y" or CONJUNCT = "Y")	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
OTHER SX/COMPLICATIONS	Assess Severity of Case					**New Tab for following section**
Hospitalized		HOSPITAL	C1	Y=Yes, N=No, U=Unknown	if HOSPITAL="Y" then prompt for DAYSHOSP	
Days hospitalized		DAYSHOSP	Num		if greater than 7 days prompt for confirmation	
Pneumonia		PNEUMON	C1	Y=Yes, N=No, U=Unknown		
Encephalitis		ENCEPHAL	C1	Y=Yes, N=No, U=Unknown		
Death		DEATH	C1	Y=Yes, N=No, U=Unknown		
Date of death		DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
Other complications		COMP_OTH	C1	Y=Yes, N=No, U=Unknown	If yes then prompt for CCOMMENT	
Describe other complications		CCOMMENT	C120	Free Text		
LAB TESTS	Confirm Case or Rule it out					**New Tab for following section**
Any lab test done for measles		LABTEST	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for BLOOD thru OLABRES, else skip to VACCINE/MEDICAL HISTORY section	
Case lab confirmed - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only

MEASLES FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if IGMRES1 OR IGMRES2= "P" or IGGPAIRED = "P" or "VRUSISOL" = "P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Serology performed		BLOOD	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DATEIGM1 thru IGGPAIRED, else skip to VRUSSPEC	
IgM specimen date		DATEIGM1	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgM titer result		IGMTITER1	Num			
IgM test reference index		IGMINDEX1	Num			
IgM result interpretation		IGMRES1	C1	P=Evidence of recent or current infection (Positive), N =Antibody not detected (Negative), I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
IgG acute specimen date		DATEIGGA	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgG acute titer result		IGGATITER	Num			
IgG acute test reference index		IGGAINDEX	Num			
IgG convalescent specimen date		DATEIGGC	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgG convalescent titer result		IGGCTITER	Num			
IgG convalescent test reference index		IGGCINDEX	Num			
IgG paired result interpretation		IGGPAIRED	C1	P=Evidence of recent or current infection (Positive), N =antibody not detected (Negative), Z = Infection at undetermined time or Immunization, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
Specimen Taken for Virus Isolation (Virus Culture)		VRUSSPEC	C1	Y=Yes, N=No, U=Unknown	If "Y" then prompt for VRUS_SRC thru VRUSGENO, else skip to OTHERLAB	**New subsection for this & following variables - called "Viral Culture"**
Virus Culture Specimen Source		VRUS_SRC	C1	1=Nasopharyngeal, 2=Urine, 3=Other, 9=Unknown		
Virus Culture Specimen Date		DATEVRUS	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Virus Isolated from Culture?		VRUSISOL	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
Specimen forwarded to CDC for genotyping?		CDCSPEC	C1	Y=Yes, N=No, U=Unknown		
Date specimen sent for genotyping		VRUSDATE	Num date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Virus Genotype		VRUSGENO	C3	3 character genotype code		
Other Lab Test Completed?		OTHERLAB	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for OLABSPEC and OLABRES, else skip to VACCINE/MEDICAL HISTORY section	
Specify Other Lab Test		OLABSPEC	C8	Free Text		
Other Lab Test Result		OLABRES	C20	Free Text		
VACCINATION/ MEDICAL HISTORY	Assess history of the case					**New Tab for following section**
Received one or more doses of MCV (measles-containing vaccine)		VACCINE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for NUMDOSES thru VACDATE3; if = "N" then prompt for REASON	
Number of doses		NUMDOSES	C1	0 - 3		
Measles vaccination date - MMR or other Measles-containing vaccine 1		VACDATE1	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=1	
Measles vaccination date - MMR or other Measles-containing vaccine 2		VACDATE2	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=2	
Measles vaccination date - MMR or other Measles-containing vaccine 3		VACDATE3	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=3	

MEASLES FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Reason for not being vaccinated		REASON	C1	1=Personal Beliefs Exemption (PBE), 2=Permanent Medical Exemption (PME), 3=Temporary Medical Exemption, 4=Lab Confirmation of previous disease, 5=MD Dx of previous disease, 6=Under Age for vaccination, 7=Delay in starting series or between doses, 8=Other, 9=Unknown		Note: this coding is different from NETSS coding -- will need to be recoded to NETSS value list
Prior MD diagnosed measles		PRIOR_DX	C1	Y=Yes, N=No, U=Unknown		
Pregnant		PREGNANT	C1	Y=Yes, N=No, U=Unknown		
Immunocompromised		IMMUNO	C1	Y=Yes, N=No, U=Unknown		
EXPOSURE/TRAVEL HISTORY	Assess possible sources of infection					**New Tab for following section**
Acquisition setting (choose all that apply)					check all that apply	**New subsection for this & following variables - called "Acquisition"**
Unknown		A_UNKNOWN	C1	1=Unknown	if 1, skip to TRAVEL	
Day Care		A_DAYCARE	C1	1=Day Care		
School		A_SCHOOL	C1	1=School		
Doctors Office		A_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		A_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		A_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		A_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		A_HOME	C1	1=Home		
Work		A_WORK	C1	1=Work		
College		A_COLLEGE	C1	1=College		
Military		A_MILITARY	C1	1=Military		
Correctional Facility		A_CORRFAC	C1	1=Correctional Facility		
Church		A_CHURCH	C1	1=Church		
International Travel		A_INTERNAT	C1	1=International Travel		
Other		A_OTHER	C1	1=Other		
Recent travel to or arrival from other country or state within 18 days of rash onset		TRAVEL	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for ARRIVE thru CNTRYDTS, else skip to SRC_CON	**New subsection for this & following variables - called "Recent Travel"**
Date of arrival in CA		ARRIVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Countries or states visited		CNTRYVST	C35	Free Text		
Dates in countries or states visited		CNTRYDTS	C25	Free Text		
Close contact of person(s) with rash 8 - 17 days before rash onset		SRC_CON	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for source contact questions, SCNAME1 through SCHH1, else skip to EPILINK	**New subsection for this single variable - called "Source Contact"**
Name of Contact		SCNAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (SCNAME1 to SCHH1).....(SCNAME3 to SCHH3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (SCNAME1 to SCHH1).....(SCNAMEn to SCHHn)]?
Rash onset date of contact		SCRASH1	Num date	MMDDCCYY		will not be forwarded to NETSS
Relationship of contact		SCRELAT1	C25	Free Text		will not be forwarded to NETSS
Age of contact in years		SCAGE1	Num	0-100, 0 indicating under 1 year		**Range = 0-100; will not be forwarded to NETSS**
Was contact in same household		SCHH1	C1	Y=Yes, N=No, U=Unknown		will not be forwarded to NETSS
Epi-linked to a confirmed case		EPILINK	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EPI_NAME	
Name or CASEID of that case		EPI_NAME	C35	Free Text		will not be forwarded to NETSS
Outbreak related		OUTBREL	C1	Y=Yes, N=No, U=Unknown	if ='Y' then prompt for OUTBNAME	
Outbreak name or location		OUTBNAME	C15	Free Text		

MEASLES FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Import Status - LHD Classification		LHD_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		**New subsection for this & following variables - called "Import Status"** -- For LHD use only
Import Status - IZ Branch Classification		IZB_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Linked to imported case within two generations? - LHD Classification		LHD_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Linked to imported case within two generations? IZ Branch Classification		IZB_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
CONTACT INVESTIGATION	Gather information on contacts -- needed to control spread of disease. Using the Contact Tracing Worksheet highly recommended.					**New Tab for following section**
Spread setting - list of settings (choose all that apply)					check all that apply	**New subsection for this & following variables - called "Spread Setting"**
Unknown		S_UNKNOWN	C1	1=Unknown	if 1, skip to SUSCEPT	
Day Care		S_DAYCARE	C1	1=Day Care		
School		S_SCHOOL	C1	1=School		
Doctors Office		S_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		S_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		S_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		S_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		S_HOME	C1	1=Home		
Work		S_WORK	C1	1=Work		
College		S_COLLEGE	C1	1=College		
Military		S_MILITARY	C1	1=Military		
Correctional Facility		S_CORRFAC	C1	1=Correctional Facility		
Church		S_CHURCH	C1	1=Church		
International Travel		S_INTERNAT	C1	1=International Travel		
Other		S_OTHER	C1	1=Other		
Number of susceptible contacts (no history of disease or vaccination)		SUSCEPT	NUM		If > 0 then remind with message to complete contact tracing worksheet	Can ITI issue a reminder during data entry? **- additional requirement**
Close contact(s) who have rash 8-17 days after exposure to case during case's infectious period?		CONTACT	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for contact questions, C_NAME1 through C_AGE1, else end.	**New subsection for this single variable - called "Exposure Contact"**
Name of Close Contact 1 with rash		C_NAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (C_NAME1 to C_AGE1).....(C_NAME3 to C_AGE3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C_NAME1 to C_AGE1).....(C_NAME*n* to C_AGE*n*)]?
Rash onset date of Close Contact 1		C_RASH1	Num Date	MMDDCCYY	on or after BIRTHDAT	**will not be forwarded to NETSS**
Close Contact 1 relationship to case		C_RELAT1	C25	Free Text		**will not be forwarded to NETSS**
Close Contact 1 age in years		C_AGE1	Num	0-100, zero indicating under 1 year		**Range = 0-100; will not be forwarded to NETSS**
LHD INTERNAL TRACKING, DISEASE SPECIFIC						**On the LHD Internal Tracking Tab**
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only

MEASLES FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
ATTACHMENTS/LINKS	Supplemental forms - Put in Forms Tab					**New Tab for following section**
Contact spread sheet						
School vaccination audit form						
Time line for determining exposure and infectious period dates	Estimate important dates based on RASH_ON ... exposure, incubation, infectious period (prodrome, rash), and convalescence					
Quicksheet						2-page summary of essential disease protocols

State of California—Health and Human Services Agency

Department of Health Services
Surveillance and Statistics Section
MS 7306
P.O. Box 997413
Sacramento, CA 95899-7413

MENINGOCOCCAL DISEASE CASE REPORT

Patient name—last	first	middle initial	Date of birth	Age	Sex

Address—number, street	City	State	County	ZIP code

Telephone number

Home (   )   Work (   )

RACE (check one)
☐ African-American/Black   ☐ White   ☐ Native American   ☐ Asian/Pacific Islander   ☐ Other:_____

ETHNICITY (check one)
☐ Hispanic/Latino   ☐ Non-Hispanic/Non-Latino

If Asian/Pacific Islander, please check one:
☐ Asian Indian   ☐ Cambodian   ☐ Chinese   ☐ Filipino   ☐ Guamanian   ☐ Hawaiian
☐ Japanese   ☐ Korean   ☐ Laotian   ☐ Samoan   ☐ Vietnamese   ☐ Other:_____

PRESENT ILLNESS

Onset date	Attending physician	Telephone number ( )

Hospitalized ☐ Yes ☐ No	Admit date	Discharge date	Hospital name	Medical record number	Telephone number ( )

SYMPTOMS/SIGNS

Date history obtained: _____

	Yes	No	Unk		Yes	No	Unk
Fever ≥ 38°C (highest recorded: _____)	☐	☐	☐	Seizures	☐	☐	☐
Headache	☐	☐	☐	Altered consciousness	☐	☐	☐
Stiff neck	☐	☐	☐	Maculopapular rash	☐	☐	☐
Respiratory symptoms	☐	☐	☐	Petechial rash (distribution: _____)	☐	☐	☐
Nausea/vomiting	☐	☐	☐	Purpuric rash (distribution: _____)	☐	☐	☐
Other relevant symptoms (list):				Clinical purpura fulminans	☐	☐	☐

SYNDROME

	Yes	No	Unk	HOSPITAL COURSE	Yes	No	Unk
Pneumonia/ARDS	☐	☐	☐	ICU admission	☐	☐	☐
Encephalitis/meningitis	☐	☐	☐	Intubated	☐	☐	☐
Septic arthritis	☐	☐	☐	Were antibiotics taken prior to collection of blood for microbial testing?	☐	☐	☐
Sepsis/multi-organ failure	☐	☐	☐	Were antibiotics taken prior to collection of CSF for microbial testing?	☐	☐	☐
Disseminated intravascular coagulation	☐	☐	☐	Date antibiotics started: _____			
Prior medical history:				Antibiotic prescribed: _____			
				Died (date: _____)	☐	☐	☐

LABORATORY TESTING FOR *N. meningitidis*

	Pos	Neg	Unk	Not Done		Pos	Neg	Unk	Not Done
Blood culture (date collected:_____)	☐	☐	☐	☐	CSF PCR (date collected: _____)	☐	☐	☐	☐
CSF gram stain (for gram negative diplococci)	☐	☐	☐	☐	Blood PCR (date collected: _____)	☐	☐	☐	☐
CSF antigen test	☐	☐	☐	☐	Other PCR (specimen= _____)	☐	☐	☐	☐
CSF culture (date collected:_____)	☐	☐	☐	☐	(date collected: _____)				
Other culture (specimen= _____) (date collected:_____)	☐	☐	☐	☐					

Report of positive culture but site not stated   ☐ Yes   ☐ No

Notes and/or other pertinent lab results:

SEROGROUP IDENTIFICATION (Choose one)

☐ A   ☐ B   ☐ C   ☐ Y   ☐ W135   ☐ Not Groupable   ☐ Other: _____
☐ Not done   ☐ Unknown   ☐ Pending

Page 1 of 2

DHS 8469 (10/04)

EXPOSURES	Yes	No	Unk		Yes	No	Unk
Day care	☐	☐	☐	High school	☐	☐	☐
Kindergarten	☐	☐	☐	College	☐	☐	☐
Grade 1–5	☐	☐	☐	Did patient reside in a dormitory while ill?	☐	☐	☐
Grade 6–8	☐	☐	☐	Did patient reside in another congregate setting?	☐	☐	☐
				If other setting, list:			

SOURCE CASE INFORMATION

Was a source case identified?   ☐ Yes   ☐ No   ☐ Unk

Was the source case: ☐ laboratory-confirmed
                       ☐ have a clinical diagnosis without laboratory confirmation

Was this case part of a recognized cluster or outbreak?   ☐ Yes   ☐ No   ☐ Unk

If yes, please list the name(s) of other associated case(s):

Notes:

VACCINE INFORMATION

Did the patient have a prior meningococcal vaccine?   ☐ Yes   ☐ No   ☐ Unk

Was the vaccine: ☐ polysaccharide
                       ☐ conjugate (anticipated licensure 3/2005)

Approximate date of vaccination (if known): _____

CONTACTS/CHEMOPROPHYLAXIS

Were household contacts or other close contacts of this case provided chemoprophylaxis?   ☐ Yes   ☐ No   ☐ Unk

If yes, how many:_____   What antibiotic was used: _____

REMARKS

MENINGOCOCCAL DISEASE CASE DEFINITION
CDC/MMWR, May 2, 1997, Volume 46, Number RR-10, "Case Definition for Infectious Conditions Under Public Health Surveillance," Part 1, Case Definition for Nationally Notifiable Infectious Diseases.

Clinical Description
Meningococcal disease manifests most commonly as meningitis and/or meningococcemia that may progress rapidly to purpura fulminans, shock, and death. However, other manifestations might be observed.

Laboratory Criteria for Diagnosis
Isolation of *Neisseria meningitidis* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid)

Case Classification
⊙ Probable: a case with a positive antigen test in CSF or clinical purpura fulminans in the absence of a positive blood culture
⊙ Confirmed: a clinically compatible case that is laboratory confirmed

Comment
Positive antigen test results from urine or serum samples are unreliable for diagnosing meningococcal disease.

Investigator name (print)	Date	Telephone number
		( )

Agency name

Meningococcal Disease Case Report Form for WebCMR					
Variable	**Current Name**	**Values**	**Type/ Length**	**Error Checks/ Skip Patterns**	**Changes/comments**
Demographics					
Case report document number	CRDOCNUM		C8		New subsection for this and following variables called "Demographics"
Last name	CRPLNAME		C15		
First name	CRPFNAME		C15		
MI	CRPMINI		C1		
DOB	CRDOBIRTH	MMDDYYYY	Num date		
Age	CRAGE		N2		
Sex	CRSEX	1=Male, 2=Female	C1		
Address	CRPSTREET		C20		
City	CRPCITY		C20		
County	CRPCOUNTY	ALAMEDA, ALPINE, AMADOR, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA	C15		
Zip	CRPZIP		C5		
Home phone	CRPHOMEPHONE		C12		
Work phone	CRPWORKPHONE		C12		
Case race (check all that apply)					
Unknown	RACE_UNK	1=Unknown	C1		

African-American or Black	BLACK	1=African-American or Black	C1		
American Indian or Alaska Native	AI_AN	1=American Indian or Alaska Native	C1		
Asian	ASIAN	1=Asian	C1	if 1 then prompt for Asian sub cats	
Asian Indian	A_INDIAN	1=Asian Indian	C1		
Cambodian	CAMBO	1=Cambodian	C!		
Chinese	CHINESE	1=Chinese	C1		
Filipino	FILIPINO	1=Filipino	C1		
Hmong	HMONG	1=Hmong	C1		
Japanese	JAPANESE	1=Japanese	C1		
Korean	KOREAN	1=Korean	C1		
Laotian	LAOTIAN	1=Laotian	C1		
Thai	THAI	1=Thai	C1		
Vietnamese	VIET	1=Vietnamese	C1		
Asian Other	ASIANOTH	1=Other Asian	C1	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	Free Text	C15		
Native Hawaiian or Other Pacific Islander	NHOPI	1=Native Hawaiian or Other Pacific Islander	C1	if 1 then prompt for NHOPI sub cats	
Native Hawaiian	HAWAII	1=Native Hawaiian	C1		
Guamanian	GUAMAN	1=Guamanian	C1		
Samoan	SAMOAN	1=Samoan	C1		
Pacific Islander Other	PAC_OTH	1=Other Pacific Islander	C1	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	Free Text	C15		
White	WHITE	1=White	C1		
Other Race	RACEOTH	1=Other Race	C1	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	Free Text	C15		
Ethnicity	CRETHNICITY	0=Non-Hispanic/Non-Latino, 1=Hispanic/Latino, 9=Blank	C1		
Present Illness					
Onset date	CRONSET	MMDDYYYY	Num date	must be on or after DOB	New subsection for this and following variables called "Present illness"
Physician Lname	CRMDLNAME		C15		
Physician Fname	CRMDFNAME		C15		
Physician phone number	CRMDPHONE		C15		
Was case hospitalized?	CRHOSPITAL	0=No, 1=Yes, 9=Unknown, 99=Blank	C2	if = 1 then prompt for CRDOADMIT, CRDODISC, CRHOSPITALNAME, MEDRECNUM, CRHOSPPHONE	
Date of admission	CRDOADMIT	MMDDYYYY	Num date	must be on or after DOB	

Date of discharge	CRDODISC	MMDDYYYY	Num date	must be on or after DOB and CRDOADMIT	
Hospital name	CRHOSPITALNAME		C15		
Medical record number	MEDRECNUM		C20		
Hospital phone number	CRHOSPPHONE		C15		
Symptoms/Signs					
Date history obtained	SX_DATE	MMDDYYYY	Num date	must be on or after DOB and CRONSET	New subsection for this and following variables called "Symptoms/Signs"
Was fever ≥ 38°C	FEVER	1=Yes, 2=No 9=Unknown	C1		
Highest fever recorded	FEVER_NUM		N3		
Fever unit	FEVER_UNIT	1=Fahrenheit, 2=Celsius	C1		
Headache	HEADACHE	1=Yes, 2=No 9=Unknown	C1		
Stiff neck	STIFFNECK	1=Yes, 2=No 9=Unknown	C1		
Respiratory symptoms	RESPIRATORY	1=Yes, 2=No 9=Unknown	C1		
Nausea/vomiting	GI	1=Yes, 2=No 9=Unknown	C1		
Seizures	SEIZURES	1=Yes, 2=No 9=Unknown	C1		
Altered consciousness	ALTCONSCIOUS	1=Yes, 2=No 9=Unknown	C1		
Maculopapular rash	MACRASH	1=Yes, 2=No 9=Unknown	C1		
Petechial rash	PETECHIAL	1=Yes, 2=No 9=Unknown	C1	if =1 then prompt for PETE_DIST	
Petechial rash distribution	PETE_DIST	Free Text	C15		
Purpuric rash	PURPURIC	1=Yes, 2=No 9=Unknown	C1	if =1 then prompt for PURP_DIST	
Purpuric rash distribution	PURP_DIST	Free Text	C15		
Clinical purpura fulminans	PURPURA	1=Yes, 2=No 9=Unknown	C1		
Syndrome					
Pneumonia/ARDS	PNEUMO	1=Yes, 2=No 9=Unknown	C1		New subsection for this and following variables called "Syndrome"
Encephalitis/meningitis	ENCEPH	1=Yes, 2=No 9=Unknown	C1		
Septic arthritis	ARTHRITIS	1=Yes, 2=No 9=Unknown	C1		
Sepsis/multi-organ failure	SEPSIS	1=Yes, 2=No 9=Unknown	C1		
Disseminated intravascular coagulation	DIC	1=Yes, 2=No 9=Unknown	C1		
Hospital Course					
ICU admission	ICU	1=Yes, 2=No 9=Unknown	C1	if =1 then CRHOSPITAL must = 1	New subsection for this and following variables called "Hospital course"
Intubated	INTUBATED	1=Yes, 2=No 9=Unknown	C1		
Were antibiotics taken prior to blood collection?	ABX_BLOOD	1=Yes, 2=No 9=Unknown	C1		

Were antibiotics taken prior to CSF collection?	ABX_CSF	1=Yes, 2=No 9=Unknown	C1		
Date antibiotics started	ABX_STARTED	MMDDYYYY	Num date		
Antibiotic prescribed	ABX_TYPE	1='Ampicillin', 2='Ciprofloxacin (Cipro)', 3='Rifampin', 3='', 4='Vancomycin', 5='Other'	C1		
Died	DIED	1=Yes, 2=No 9=Unknown	C1	if = 1 then prompt for DODEATH	
Date of death	DODEATH	MMDDYYYY	Num date	must be on or after CRONSET	
Laboratory Testing					
Blood culture	CX_BLOOD	1=Yes, 2=No 9=Unknown	C1	if = 1 then prompt CXBLOODDATE	New subsection for this and following variables called "Laboratory testing for *N. meningitidis* "
Date blood cx collected	CXBLOODDATE	MMDDYYYY	Num date		
CSF gram stain	GRAMSTAIN	1=Yes, 2=No 9=Unknown	C1		
CSF antigen test	CSFANTIGEN1	1=Yes, 2=No 9=Unknown	C1		
CSF culture	CX_CSF	1=Yes, 2=No 9=Unknown	C1	if = 1 then prompt CXCSFDATE	
Date CSF cx collected	CXCSFDATE	MMDDYYYY	Num date		
Other culture tested	CX_OTHR	1=Yes, 2=No 9=Unknown	C1	if = 1 then prompt CX_OTHR_SPECIFIED and CX_OTHR_DATE	
Other culture source/type	CX_OTHR_SPECIFIED		C15		
Date other cx collected	CX_OTHR_DATE	MMDDYYYY	Num date		
Report of positive cx, unspecified site	CX_NOS	1=Yes, 2=No 9=Unknown	C1		
CSF PCR	PCR_CSF	1=Yes, 2=No 9=Unknown	C1	if = 1 then prompt PCRCSFDATE	
Date CSF PCR collected	PCRCSFDATE	MMDDYYYY	Num date		
Blood PCR	PCR_BLOOD	1=Yes, 2=No 9=Unknown	C1	if = 1 then prompt PCR_BLOODDATE	
Date blood PCR collected	PCRBLOODDATE	MMDDYYYY	Num date		
Other PCR	PCR_OTHR	1=Yes, 2=No 9=Unknown	C1	if =1 then prompt PCR_OTHR_SPECIFIED and PCROTHERDATE	
Other PCR specimen	PCR_OTHR_SPECIFIED		C15		
Date other PCR collected	PCROTHERDATE	MMDDYYYY	Num date		
Serogroup Identification					
Serogroup A identified	A	1=Yes	C1	if =1 then B, C, Y, W135, NOTGROUPABLE, OTHERSEROGROUP, SGNOTDONE, SGUNKNOWN and SGPENDING must =0	New subsection for this and following variables called "Serogroup Identification"

Serogroup B identified	B	1=Yes		C1	if =1 then A, C, Y, W135, NOTGROUPABLE, OTHERSEROGROUP, SGNOTDONE, SGUNKNOWN and SGPENDING must =0	
Serogroup C identified	C	1=Yes		C1	if =1 then A, B, Y, W135, NOTGROUPABLE, OTHERSEROGROUP, SGNOTDONE, SGUNKNOWN and SGPENDING must =0	
Serogroup Y identified	Y	1=Yes		C1	if =1 then A, B, C, W135, NOTGROUPABLE, OTHERSEROGROUP, SGNOTDONE, SGUNKNOWN and SGPENDING must =0	
Serogroup W135 identified	W135	1=Yes		C1	if =1 then A, B, C, Y, NOTGROUPABLE, OTHERSEROGROUP, SGNOTDONE, SGUNKNOWN and SGPENDING must =0	
Not groupable	NOTGROUPABLE	1=Yes		C1	if =1 then A, B, C, Y, W135, OTHERSEROGROUP, SGNOTDONE, SGUNKNOWN and SGPENDING must =0	
Other serogroup identified	OTHERSEROGROUP	1=Yes		C1	if =1 then A, B, C, Y, W135, NOTGROUPABLE, SGNOTDONE, SGUNKNOWN and SGPENDING must =0; also prompt for OTHERSG_SPECIFIED	
Other serogroup	OTHRSG_SPECIFIED			C15		
Serogrouping not done	SGNOTDONE	1=Yes		C1	if = 1 then A, B, C, Y, W135, NOTGROUPABLE, OTHERSEROGROUP, SGUNKNOWN and SGPENDING must =0	
Serogroup unknown	SGUNKNOWN	1=Yes		C1	if = 1 then A, B, C, Y, W135, NOTGROUPABLE, OTHERSEROGROUP, SGNOTDONE and SGPENDING must =0	

				if = 1 then A, B, C, Y, W135, NOTGROUPABLE, OTHERSEROGROUP, SGNOTDONE and SGUNKNOWN	
Serogroup pending	SGPENDING	1=Yes	C1	must = 0	
Exposures					
Attended daycare	DAYCARE	1=Yes, 2=No 9=Unknown	C1		New subsection for this and following variables called "Exposures"
Attended Kindergarten	KINDER	1=Yes, 2=No 9=Unknown	C1		
In grade 1-5	GRADE15	1=Yes, 2=No 9=Unknown	C1		
In grade 6-8	GRADE68	1=Yes, 2=No 9=Unknown	C1		
Attended high school	HIGHSCHOOL	1=Yes, 2=No 9=Unknown	C1		
Attended college	COLLEGE	1=Yes, 2=No 9=Unknown	C1		
Resided in a dormitory	DORMITORY	1=Yes, 2=No 9=Unknown	C1		
Resided in another congregate setting	CONGREGATE	1=Yes, 2=No 9=Unknown	C1		
Source Case Information					
Was a source case identified?	SOURCEID	1=Yes, 2=No 9=Unknown	C1	if = 1 then prompt for SOURCE_CASEDEF and CLUSTER	New subsection for this and following variables called "Source Case Information"
Source case definition	SOURCE_CASEDEF	1=Laboratory, 2=Clinical	C1		
Was this case part of a cluster?	CLUSTER	1=Yes, 2=No 9=Unknown	C1		
Vaccine Information					
Did pt. have prior vac?	PRIORVAX	1=Yes, 2=No 9=Unknown	C1	if = 1 then propmt for POLYSACCHARIDE, CONJUGATE and VAXDATE	New subsection for this and following variables called "Vaccine Information"
Polysaccharide vaccine?	POLYSACCHARIDE	1=Yes	C1	if = 1 then CONJUGATE must = 0	
Conjugate vaccine?	CONJUGATE	1=Yes	C1	if = 1 then POLYSACCHARIDE must = 0	
Date of vaccination	VAXDATE	MMDDYYYY	Num date		
Contacts/Chemoprophylaxis					
Were contacts chemoprophylaxed?	PROPHY	1=Yes, 2=No 9=Unknown	C1	if = 1 then prompt for NUM_PROPHY, PROPHY_ABX1 and PROPHY_ABX2	New subsection for this and following variables called "Contacts/ Chemoprophylaxis"
How many?	NUM_PROPHY		N2		

| What antibiotic was used? | PROPHY_ABX1 | 1='Ampicillin', 2='Ciprofloxacin (Cipro)', 3='Rifampin', 3='', 4='Vancomycin', 5='Other' | C1 | | |
| What antibiotic was used?2 | PROPHY_ABX2 | 1='Ampicillin', 2='Ciprofloxacin (Cipro)', 3='Rifampin', 3='', 4='Vancomycin', 5='Other' | C1 | | |

State of California—Health and Human Services Agency

California Department of Health Services
DCDC Immunization Branch
Building P, 2nd Floor
850 Marina Bay Parkway
Richmond, CA 94804-6403

MUMPS CASE REPORT

PATIENT DEMOGRAPHICS

Patient name—last   first   middle initial | Date of birth ____/____/_____ | Age (enter age and check one) _____ ☐ Days ☐ Weeks ☐ Months ☐ Years | Gender ☐ Male ☐ Female

Address (number, street) | City | State | ZIP code | County

ETHNICITY (check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

RACE (check all that apply)

☐ Unknown
☐ African-American or Black
☐ American Indian or Alaska Native
☐ White
☐ Other: _____

☐ Asian
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino

☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian

☐ Thai
☐ Vietnamese
☐ Other Asian: _____

☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian
☐ Guamanian
☐ Samoan
☐ Other Pacific Islander: _____

Occupation (check all that apply)

☐ Food service   ☐ Health care   ☐ Day care   ☐ School   ☐ University Student   ☐ Correction al Facility   Other_____

Country of birth | Country of residence

COMMON LHD TRACKING DATA

CMRID number | IZB Case ID number | Web CMR ID number

Date reported to county ____/____/_____ | Date investigation started ____/____/_____ | Person/clinician reporting case | Reporter telephone ( )

Case investigator completing form | Investigator telephone ( ) | Investigator's LHD or jurisdiction

SIGNS AND SYMPTOMS

Parotitis or salivary gland swelling ☐ Yes ☐ No ☐ Unknown | Swelling onset date ____/____/_____ | Duration _____ days | Upper Respiratory Infection symptoms (e.g. sore throat, cough) ☐ Yes ☐ No ☐ Unknown

Other symptoms ☐ Yes ☐ No ☐ Unknown | Describe other symptoms | Date of Diagnosis ____/____/_____

Does case meet clinical criteria for further investigation ☐ Yes ☐ No ☐ Unknown | **CASE MEETS CDC/CSTE CLINICAL CRITERIA?** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized ☐ Yes ☐ No ☐ Unknown | Days hospitalized | Meningitis ☐ Yes ☐ No ☐ Unknown | Encephalitis ☐ Yes ☐ No ☐ Unknown | Orchitis ☐ Yes ☐ No ☐ Unknown

Describe other complications | Death Yes No Unknown | Date of death (mm/dd/yy) ____/____/_____

LABORATORY TESTS

Any lab tests done for mumps ☐ Yes ☐ No ☐ Unknown

CASE LAB CONFIRMED *(FOR LHD USE)* ☐ Yes ☐ No ☐ Unknown

CASE LAB CONFIRMED *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

LAB RESULT CODES
P = Positive—Evidence of recent or current infection
N = Negative—Antibody not detected
I = Indeterminate
E = Pending
X = Not done
U = Unknown
Z = Infection at undetermined time or immunization

Serology performed ☐ Yes ☐ No ☐ Unknown

	Specimen Date	Titer Result	Test Reference Index	Result Interpretation
IgM	___/___/____			☐P ☐N ☐I ☐E ☐X ☐U
IgG (acute)	___/___/____			
IgG (convalescent)	___/___/____			☐P ☐N ☐I ☐E ☐X ☐U ☐Z

Specimen taken for virus isolation ☐ Yes ☐ No ☐ Unknown | Specimen source ☐ Buccal oral swab ☐ Urine ☐ Other ☐ Unknown | Specimen date ____/____/_____ | Virus isolated ☐ Yes ☐ No ☐ Unknown | Name of lab: _____

Specimen sent to CDC for genotyping ☐ Yes ☐ No ☐ Unknown | Date sent ____/____/_____ | Virus genotype

Other lab tests completed ☐ Yes ☐ No ☐ Unknown | Specify lab tests | Other lab test results

VACCINATION / MEDICAL HISTORY

Received one or more doses of mumps containing vaccine

☐ Yes   ☐ No   ☐ Unknown

Number of doses

Vaccination dates—Dose 1	Dose 2	Dose 3
____/____/_____	____/____/_____	____/____/_____

Reason not vaccinated (check only one)
1 ☐ Personal Beliefs Exemption (PBE)   4 ☐ Lab confirmation of previous disease   7 ☐ Delay in starting series or between doses
2 ☐ Permanent Medical Exemption (PME)   5 ☐ MD Diagnosis of previous disease   8 ☐ Other
3 ☐ Temporary Medical Exemption   6 ☐ Under age for vaccination   9 ☐ Unknown

Prior MD diagnosed mumps (see reason 5)	Pregnant	Immunocompromised
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

EXPOSURE / TRAVEL HISTORY

Acquisition setting *(check all that apply)*:
1 ☐ Day care   4 ☐ Hospital ward   7 ☐ Home   10 ☐ College   13 ☐ Church
2 ☐ School   5 ☐ Hospital ER   8 ☐ Work   11 ☐ Military   14 ☐ International travel
3 ☐ Doctor's office   6 ☐ Outpatient hospital clinic 9 ☐ Unknown   12 ☐ Correctional Facility   15 ☐ Other

Recent travel or arrival from other country or state within 25 days of parotitis onset   ☐ Yes   ☐ No   ☐ Unknown

Countries or states visited	Dates in countries or states visited	Date of arrival in California
		____/____/_____

Close contact with person(s) with mumps 14-25 days before parotitis onset   ☐ Yes   ☐ No   ☐ Unknown

	Name	Parotitis Onset	Relationship	Age (years)	Same Household
1		____/____/_____			☐ Yes ☐ No ☐ Unknown
2		____/____/_____			☐ Yes ☐ No ☐ Unknown
3		____/____/_____			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a confirmed case	Case name or Case ID	Outbreak related	Outbreak name or location
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

Import status *(FOR LHD USE)*	Linked to imported case *(FOR LHD USE)*
☐ Indigenous ☐ Out-of-state import ☐ International import	☐ Yes ☐ No ☐ Unknown

Import status *(FOR STATE USE ONLY)*	Linked to imported case *(FOR STATE USE ONLY)*
☐ Indigenous ☐ Out-of-state import ☐ International import	☐ Yes ☐ No ☐ Unknown

CONTACT INVESTIGATION

Spread setting *(check all that apply)*
1 ☐ Day care   4 ☐ Hospital ward   7 ☐ Home   10 ☐ College   13 ☐ Church
2 ☐ School   5 ☐ Hospital ER   8 ☐ Work   11 ☐ Military   14 ☐ International travel
3 ☐ Doctor's office   6 ☐ Outpatient hospital clinic 9 ☐ Unknown   12 ☐ Correctional Facility   15 ☐ Other

Number of susceptible contacts	Close contacts who have mumps 14-25 days after exposure to case
	☐ Yes ☐ No ☐ Unknown

	Name of Case Contact	Parotitis Onset Dates	Relationship	Age (Years)
1		____/____/_____		
2		____/____/_____		
3		____/____/_____		

Please list other contacts on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION *(FOR LHD USE)*	CASE CLASSIFICATION (FOR STATE USE ONLY)
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown	☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

MUMPS CASE CLASSIFICATION

Clinical Case Definition: An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting greater than or equal to 2 days, and without other apparent cause.

Laboratory criteria for diagnosis – Isolation of mumps virus from clinical specimen, or significant rise between acute and convalescent phase titers in serum mumps immunoglobulin G (IgG) antibody level by any standard serologic assay or positive serologic tests for mumps immunoglobulin M (IgM) antibody.

Case Classification
Probable: a case that meets the clinical case definition, has noncontributory or no serologic or virologic testing, and is not epidemiologically linked to a confirmed or probable case.
Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed or probable case. A laboratory confirmed case does not need to meet the clinical case definition.

MUMPS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON				This section has variables redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
PATIENT DEMOGRAPHICS				This section has variables redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days	If not null, prompt for AGE	
Case age	AGE	Num		If not null, prompt for AGETYPE	Filled in by LHD

MUMPS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Calculated Age (at onset)	AGECALC	Num		Calculated Variable: SWELL_ON - BIRTHDAT	Calculated automatically
Case gender	GENDER	C1	M=Male,F=Female		
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		
Case race (check all that apply)				check all that apply, new coding different from NETSS and AVSS	
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		

MUMPS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
Occupation (choose all that apply)					
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
University Student	UNIVERSITY	C1	1 = University		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Country of Birth	B_CNTRY	C15	Free Text		
Country of Residence	R_CNTRY	C15	Free Text		
SIGNS AND SYMPTOMS					Separate tab for this section
Parotitis or salivary gland swelling	PAROTITIS	C1	Y=Yes, N=No, U=Unknown	If PAROTITIS="Y", then prompt for SWELL_ON and SWELL_DUR; else skip to URI	
Swelling Onset Date	SWELL_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Swelling Duration	SWELL_DUR	Num	Number of days	if >=7 days then prompt for confirmation	
URI Symptoms	URI	C1	Y=Yes, N=No, U=Unknown		
Other Symptoms	SYMP_OTH	C1	Y=Yes, N=No, U=Unknown	if ="Y" then prompt for SCOMMENT, else skip to DATE_DX	
Describe other symptoms	SCOMMENT	C120	Free Text		
Date of Diagnosis	DATE_DX	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Does case meet clinical criteria for further investigation? - LHD Classification	CLINCRIT	C1	Y=Yes, N=No, U=Unknown		
Case meets CDC/CSTE clinical case definition for mumps? IZ Branch Classification	IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if PAROTITIS= "Y" and SWELL_DUR =">=2 days"	variable visible to all, but assigned and modfied by IZ Branch (error check logic adapted for mumps)
OTHER SX/COMPLICATIONS					Separate tab for this section
Hospitalized	HOSPITAL	C1	Y=Yes, N=No, U=Unknown	if HOSPITAL="Y" then prompt for DAYSHOSP	
Days hospitalized	DAYSHOSP	Num		if greater than 7 days prompt for confirmation	
Meningitis	MENINGITIS	C1	Y=Yes, N=No, U=Unknown		
Encephalitis	ENCEPHAL	C1	Y=Yes, N=No, U=Unknown		
Orchitis	ORCHITIS	C1	Y=Yes, N=No, U=Unknown		
Death	DEATH	C1	Y=Yes, N=No, U=Unknown		
Date of death	DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
Other complications	COMP_OTH	C1	Y=Yes, N=No, U=Unknown	If yes then prompt for CCOMMENT	
Describe other complications	CCOMMENT	C120	Free Text		
LAB TESTS					Separate tab for this section

MUMPS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Any lab test done for mumps	LABTEST	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for BLOOD thru OLABRES, else skip to VACCINE/MEDICAL HISTORY section	
Case lab confirmed - LHD Classification	LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification	IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if IGMRES1 = "P" or IGGPAIRED = "P" or "VRUSISOL" = "P"	variable visible to all, but assigned and modfied by IZ Branch.
Serology performed	BLOOD	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DATEIGM1 thru IGGPAIRED, else skip to VRUSSPEC	
IgM specimen date	DATEIGM1	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgM titer result	IGMTITER1	Num			
IgM test reference index	IGMINDEX1	Num			
IgM result interpretation	IGMRES1	C1	P=Evidence of recent or current infection (Positive), N =Antibody not detected (Negative), I=Indeterminate, E=Pending, X=Not Done, U=Unknown		If product has capacity for built in repeats (like ITI product PHS3) this is one question to have repeated
IgG acute specimen date	DATEIGGA	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgG acute titer result	IGGATITER	Num			
IgG acute test reference index	IGGAINDEX	Num			
IgG convalescent specimen date	DATEIGGC	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgG convalescent titer result	IGGCTITER	Num			
IgG convalescent test reference index	IGGCINDEX	Num			
IgG paired result interpretation	IGGPAIRED	C1	P=Evidence of recent or current infection (Positive), N =antibody not detected (Negative), Z = Infection at undetermined time or Immunization, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
Specimen Taken for Virus Isolation (Virus Culture)	VRUSSPEC	C1	Y=Yes, N=No, U=Unknown	If "Y" then prompt for VRUS_SRC thru VRUSGENO, else skip to OTHERLAB	
Virus Culture Specimen Source	VRUS_SRC	C1	1=Buccal oral swab, 2=Urine, 3=Other, 9=Unknown		
Virus Culture Specimen Date	DATEVRUS	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Virus Isolated from Culture?	VRUSISOL	C1	Y=Yes, N=No, U=Unknown		
Name of Lab	LABNAME	C25	Free Text		
Specimen forwarded to CDC for genotyping?	CDCSPEC	C1	Y=Yes, N=No, U=Unknown		
Date specimen sent for genotyping	VRUSDATE	Num date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Virus Genotype	VRUSGENO	C3	3 character genotype code		
Other Lab Test Completed?	OTHERLAB	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for OLABSPEC and OLABRES, else skip to VACCINE/MEDICAL HISTORY section	
Specify Other Lab Test	OLABSPEC	C20	Free Text		
Other Lab Test Result	OLABRES	C20	Free Text		
VACCINATION/ MEDICAL HISTORY					Separate tab for this section
Received one or more doses of mumps containing vaccine)	VACCINE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for NUMDOSES thru VACDATE3; if = "N" then prompt for REASON	
Number of doses	NUMDOSES	C1	0 - 3		
Mumps vaccination date - MMR or other mumps containing vaccine 1	VACDATE1	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=1	

MUMPS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Mumps vaccination date - MMR or other mumps containing vaccine 2	VACDATE2	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=2	
Mumps vaccination date - MMR or other mumps containing vaccine 3	VACDATE3	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=3	
Reason for not being vaccinated	REASON	C1	1=Personal Beliefs Exemption (PBE), 2=Permanent Medical Exemption (PME), 3=Temporary Medical Exemption, 4=Lab Confirmation of previous disease, 5=MD Dx of previous disease, 6=Under Age for vaccination, 7=Delay in starting series or between doses, 8=Other, 9=Unknown		
Prior MD diagnosed mumps	PRIOR_DX	C1	Y=Yes, N=No, U=Unknown		
Pregnant	PREGNANT	C1	Y=Yes, N=No, U=Unknown		
Immunocompromised	IMMUNO	C1	Y=Yes, N=No, U=Unknown		
EXPOSURE/TRAVEL HISTORY					Separate tab for this section
Acquisition setting (choose all that apply)				check all that apply	
Unknown	A_UNKNOWN	C1	1=Unknown	if 1, skip to TRAVEL	
Day Care	A_DAYCARE	C1	1=Day Care		
School	A_SCHOOL	C1	1=School		
Doctors Office	A_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward	A_HOSPWARD	C1	1=Hospital Ward		
Hospital ER	A_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic	A_OUTPT	C1	1=Outpatient Hospital Clinic		
Home	A_HOME	C1	1=Home		
Work	A_WORK	C1	1=Work		
College	A_COLLEGE	C1	1=College		
Military	A_MILITARY	C1	1=Military		
Correctional Facility	A_CORRFAC	C1	1=Correctional Facility		
Church	A_CHURCH	C1	1=Church		
International Travel	A_INTERNAT	C1	1=International Travel		
Other	A_OTHER	C1	1=Other		
Recent travel to or arrival from other country or state within 25 days of parotitis onset	TRAVEL	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for ARRIVE thru CNTRYDTS, else skip to SRC_CON	
Date of arrival in CA	ARRIVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Countries or states visited	CNTRYVST	C35	Free Text		
Dates in countries or states visited	CNTRYDTS	C25	Free Text		
Close contact of person(s) with mumps 14-25 days before parotitis onset	SRC_CON	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for source contact questions, SCNAME1 through SCHH1, else skip to EPILINK	
Name of Contact	SCNAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (SCNAME1 to SCHH1).....(SCNAME3 to SCHH3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (SCNAME1 to SCHH1).....(SCNAME*n* to SCHH*n*)]?
Parotitis onset date of contact	SCPARO1	Num date	MMDDCCYY		
Relationship of contact	SCRELAT1	C25	Free Text		

MUMPS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Age of contact in years	SCAGE1	Num	0-100, 0 indicating under 1 year		
Was contact in same household	SCHH1	C1	Y=Yes, N=No, U=Unknown		
Epi-linked to a confirmed case	EPILINK	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EPI_NAME	
Name or CASEID of that case	EPI_NAME	C35	Free Text		
Outbreak related	OUTBREL	C1	Y=Yes, N=No, U=Unknown	if ='Y' then prompt for OUTBNAME	
Outbreak name or location	OUTBNAME	C15	Free Text		
Import Status - LHD Classification	LHD_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		
Import Status - IZ Branch Classification	IZB_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		
Linked to imported case within two generations? - LHD Classification	LHD_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		
Linked to imported case within two generations? IZ Branch Classification	IZB_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		
CONTACT INVESTIGATION					Separate tab for this section
Spread setting - list of settings (choose all that apply)				check all that apply	
Unknown	S_UNKNOWN	C1	1=Unknown	if 1, skip to SUSCEPT	
Day Care	S_DAYCARE	C1	1=Day Care		
School	S_SCHOOL	C1	1=School		
Doctors Office	S_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward	S_HOSPWARD	C1	1=Hospital Ward		
Hospital ER	S_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic	S_OUTPT	C1	1=Outpatient Hospital Clinic		
Home	S_HOME	C1	1=Home		
Work	S_WORK	C1	1=Work		
College	S_COLLEGE	C1	1=College		
Military	S_MILITARY	C1	1=Military		
Correctional Facility	S_CORRFAC	C1	1=Correctional Facility		
Church	S_CHURCH	C1	1=Church		
International Travel	S_INTERNAT	C1	1=International Travel		
Other	S_OTHER	C1	1=Other		
Number of susceptible contacts (no history of disease or vaccination)	SUSCEPT	NUM		If > 0 then remind with message to complete contact tracing worksheet	
Close contact(s) who have mumps 14-25 days after exposure to case	CONTACT	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for contact questions, C_NAME1 through C_AGE1, else end.	
Name of Case Contact 1	C_NAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (C_NAME1 to C_AGE1).....(C_NAME3 to C_AGE3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C_NAME1 to C_AGE1).....(C_NAME*n* to C_AGE*n*)]?
Parotitis onset date of Close Contact 1	C_PARO1	Num Date	MMDDCCYY	on or after BIRTHDAT	
Close Contact 1 relationship to case	C_RELAT1	C25	Free Text		
Close Contact 1 age in years	C_AGE1	Num	0-100, zero indicating under 1 year		
LHD INTERNAL TRACKING, DISEASE SPECIFIC					Separate tab for this section
LHD Case Classification per CDC/CSTE case definition	LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only

MUMPS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
State (IZ Branch) Case Classification	IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch
ATTACHMENTS/LINKS					Separate tab for this section
Mumps lab reporting sheet					This form has a separate data dictionary in development
Quicksheet					2-page summary of essential disease protocols

State of California—Health and Human Services Agency

Department of Health Services
DCDC, Immunization Branch
Bldg. P, 2nd Floor
850 Marina Bay Parkway
Richmond, CA 94804-6403

Form to be included in Proof of Concept (POC) Demonstration

PERTUSSIS CASE REPORT

PATIENT DEMOGRAPHICS

Patient name—last   first   middle initial | Date of birth ____/____/_____ | Age (enter age and check one) _____ ☐ Days ☐ Weeks ☐ Months ☐ Years | Gender ☐ Male ☐ Female

Address (number, street) | City | State | ZIP code | County

ETHNICITY (check one)   ☐ Hispanic or Latino   ☐ Not Hispanic or Latino   ☐ Unknown

RACE (check all that apply)

☐ Unknown
☐ African-American or Black
☐ American Indian or Alaska Native
☐ White
☐ Other: _____

☐ Asian
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino

☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian

☐ Thai
☐ Vietnamese
☐ Other Asian: _____

☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian
☐ Guamanian
☐ Samoan
☐ Other Pacific Islander: _____

Occupation (check all that apply)

☐ Food service   ☐ Health care   ☐ Day care   ☐ School   ☐ Correctional facility   ☐ Other: _____

Country of birth | Country of residence

COMMON LHD TRACKING DATA

CMRID number | IZB Case ID number | Web CMR ID number

Date reported to county ____/____/_____ | Date investigation started ____/____/_____ | Person/clinician reporting case | Reporter telephone ( )

Case investigator completing form | Investigator telephone ( ) | Investigator's LHD or jurisdiction

SIGNS AND SYMPTOMS

Cough ☐ Yes ☐ No ☐ Unknown | Cough onset date ____/____/_____ | Paroxysmal cough ☐ Yes ☐ No ☐ Unknown | Whoop ☐ Yes ☐ No ☐ Unknown | Post-tussive vomit ☐ Yes ☐ No ☐ Unknown

Apnea ☐ Yes ☐ No ☐ Unknown | Other symptoms ☐ Yes ☐ No ☐ Unknown | Describe other symptoms

Final interview date ____/____/_____ | Cough at final interview ☐ Yes ☐ No ☐ Unknown | Cough duration at final interview (in days) | Diagnosis date ____/____/_____

Does case meet clinical criteria for further investigation ☐ Yes ☐ No ☐ Unknown | **CASE MEETS CDC/CSTE CLINICAL CRITERIA?** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized ☐ Yes ☐ No ☐ Unknown | Days hospitalized _____ | Chest x-ray for pneumonia ☐ Positive ☐ Negative ☐ Not done ☐ Unknown | Intubated ☐ Yes ☐ No ☐ Unknown | Days intubated _____

Seizures due to pertussis ☐ Yes ☐ No ☐ Unknown | Acute encephalopathy ☐ Yes ☐ No ☐ Unknown | Death ☐ Yes ☐ No ☐ Unknown | Date of death ____/____/_____

Other complications ☐ Yes ☐ No ☐ Unknown | Describe

TREATMENT

1. Were antibiotics given ☐ Yes ☐ No ☐ Unknown | Antibiotic 1 code | Date started ____/____/_____ | Number of days given

2. Were antibiotics given ☐ Yes ☐ No ☐ Unknown | Antibiotic 2 code | Date started ____/____/_____ | Number of days given

ABX CODES:
1 = Erythromycin (includes pediazole)
2 = Cotrimoxazole (bactrim/septra)
3 = Azithromycin
4 = Tetracycline/doxycycline
5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor
6 = Other
7 = None
8 = Clarithromycin
9 = Unknown

LABORATORY TESTS

Any lab tests done for pertussis ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR LHD USE)* ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

Culture ☐ Yes ☐ No ☐ Unknown | Specimen date ____/____/_____ | Culture result (see codes) ☐ P ☐ N ☐ I ☐ E ☐ X ☐ S ☐ U | **LAB RESULT CODES**
P = Positive
N = Negative
I = Indeterminate
E = Pending
X = Not done
S = Parapertussis
U = Unknown

PCR performed ☐ Yes ☐ No ☐ Unknown | PCR specimen date ____/____/_____ | PCR result (see codes) ☐ P ☐ N ☐ I ☐ E ☐ X ☐ S ☐ U

Other lab tests performed ☐ Yes ☐ No ☐ Unknown | Specify other lab tests | Other lab test results

VACCINATION/MEDICAL HISTORY

Received one or more doses of pertussis containing vaccine
☐ Yes   ☐ No   ☐ Unknown

Number of doses prior to illness onset

Dates of vaccination—Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
____/____/_____	____/____/_____	____/____/_____	____/____/_____	____/____/_____	____/____/_____

Reason not vaccinated
1 ☐ Personal Beliefs Exemption (PBE)
2 ☐ Permanent Medical Exemption (PME)
3 ☐ Temporary Medical Exemption
4 ☐ Lab confirmation of previous disease
5 ☐ MD Diagnosis of previous disease
6 ☐ Under age for vaccination
7 ☐ Delay in starting series or between doses
8 ☐ Other
9 ☐ Unknown

Pregnant
☐ Yes   ☐ No   ☐ Unknown

Immunocompromised
☐ Yes   ☐ No   ☐ Unknown

EPIDEMIOLOGICAL EXPOSURE HISTORY

Acquisition setting *(check all that apply)*:
1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office
4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic
7 ☐ Home
8 ☐ Work
9 ☐ Unknown
10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility
13 ☐ Church
14 ☐ International travel
15 ☐ Other

Close contact with person(s) with cough 21 days before cough onset?   ☐ Yes   ☐ No   ☐ Unknown

	Name	Cough Onset Date	Relationship	Age (Years)	Same Household
1		____/____/_____			☐ Yes ☐ No ☐ Unknown
2		____/____/_____			☐ Yes ☐ No ☐ Unknown
3		____/____/_____			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a lab-confirmed case?
☐ Yes   ☐ No   ☐ Unknown

Case name or Case ID

Outbreak related
☐ Yes   ☐ No   ☐ Unknown

Outbreak name or location

CONTACT INVESTIGATION

Spread setting *(check all that apply)*:
1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office
4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic
7 ☐ Home
8 ☐ Work
9 ☐ Unknown
10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility
13 ☐ Church
14 ☐ International travel
15 ☐ Other

Number of contacts for whom antibiotic was recommended

Number of ill contacts

CASE CLASSIFICATION *(FOR LHD USE)*
☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case   ☐ Unknown

CASE CLASSIFICATION *(FOR STATE USE ONLY)*
☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case   ☐ Unknown

PERTUSSIS CASE CLASSIFICATION

Clinical Case Definition: A cough illness lasting at least 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop," or post-tussive vomiting, without other apparent cause (as reported by a health professional)
Laboratory Criteria for Diagnosis
Isolation of Bordetella pertussis from clinical specimen
Positive polymerase chain reaction (PCR) for B. pertussis

Case Classification:
Probable: meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case
Confirmed: a case that is culture positive and in which an acute cough illness of any duration is present; or a case that meets the clinical case definition and is confirmed by positive PCR; or a case that meets the clinical case definition and is epidemiologically linked directly to a case confirmed by either culture or PCR.

PERTUSSIS FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
SIGNS AND SYMPTOMS	Assess if case meets minimum clinical criteria for further investigation					**New Tab for following section**
Cough		COUGH	**C1**	Y=Yes, N=No, U=Unknown		
Cough onset date		COUGH_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Paroxysmal cough		PAROXYSM	C1	Y=Yes, N=No, U=Unknown		
Whoop		WHOOP	C1	Y=Yes, N=No, U=Unknown		
Posttussive vomiting		VOMIT	C1	Y=Yes, N=No, U=Unknown		
Apnea		APNEA	C1	Y=Yes, N=No, U=Unknown		
Other Symptoms		SYMP_OTH	C1	Y=Yes, N=No, U=Unknown	if ="Y" then prompt for SCOMMENT, else skip to FINALINT	
If yes, describe other symptoms		SCOMMENT	C120	Free Text		
Final interview date		FINALINT	Num Date	MMDDCCYY	on or after BIRTHDAT; after COUGH_ON	
Cough at final interview		COUGHFIN	C1	Y=Yes, N=No, U=Unknown		
Cough duration (in days) at final interview		COUGH_DUR	Num			this variable not necessary if CULRES="P"
Date of Diagnosis		DATE_DX	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after COUGH_ON	
Case meets clinical case definition further investigation? (LHD Classification)		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" --** For LHD use only
Case meets clinical case definition for further investigation? (IZ Branch Classification)		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if COUGH = "Y" AND COUGH_DUR >= 14 and (either PAROXYSM = "Y" or WHOOP = "Y" or VOMIT= "Y")	variable visible to all, but assigned and modfied by IZ Branch - additional requirement -- see "Variables for IZ Br Only" tab
OTHER SX/COMPLICATIONS	Assess Severity of Case					**New Tab for following section**
Hospitalized		HOSPITAL	C1	Y=Yes, N=No, U=Unknown	if HOSPITAL="Y" then prompt for DAYSHOSP	
Days hospitalized		DAYSHOSP	Num		if greater than 7 days prompt for confirmation	
Chest x-ray for pneumonia		XRAY	**C1**	P=pos, N = neg, X = not done, U = unknown		
Intubated		INTUBATE	**C1**	Y=Yes, N=No, U=Unknown		
Days intubated		INTBDAYS	Num			
Seizures due to pertussis		SEIZURES	C1	Y=Yes, N=No, U=Unknown		
Acute encephalopathy due to pertussis		ENCEPHAL	C1	Y=Yes, N=No, U=Unknown		
Death		DEATH	C1	Y=Yes, N=No, U=Unknown		
Date of death		DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
Other complications		COMP_OTH	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for CCOMMENT	
If yes, describe other complications		CCOMMENT	C120	Free Text		
TREATMENT						**New Tab for following section**
Were antibiotics given to prevent or to treat pertussis/pertussis symptoms		ANTIBIOT	C1	Y=Yes, N=No, U=Unknown	if = "Y" then prompt for ABX1, else skip to Lab Tests Section	

PERTUSSIS FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Antibiotic 1 given		ABX1	C1	1=Erythromycin (incl pediazole), 2 = Cotrimoxazole (bactrim/septra), 3 = Azithromycin, 4 = Tetracycline/Doxycycline, 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor, 6 = other, 7 = none, 8 = Clarithomycin, 9 = unknown		1. The old form combined clarithomycin and azithromycin but LHDs have requested that these be separate. Preferably we would have a list (drop down) with all of the different variations of the drug names. We still have to decide how to order the possible responses (e.g., alphabetically)? 2. This series of questions has two rows on the paper form -- please repeat this question 2x minimum [i.e, (ABX1 to DAYSABX1).....(ABX2 to DAYSABX3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (ABX1 to DAYSABX1).....(ABXn to DAYSABXn)]? 3. If more than two antibiotics listed, variable will be reviewed at IZ Branch; Default will be to send first two abx listed for NETSS
Date antibiotic 1 started		DATEABX1	Num Date	MMDDCCYY	on or after BIRTHDAT. Valid Range = (COUGH_ON - 31 days) < DATEABX1 < (COUGH_ON + 31 days), else prompt for confirmation	
Number of days antibiotic 1 taken		DAYSABX1	Num		if DAYSABX1 = 0 or DAYSABX1 > 20 then prompt for confirmation	
LAB TESTS	Confirm Case (Negative labs do not rule out pertussis)					**New Tab for following section**
Any lab test done for pertussis		LABTEST	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for CULTURE thru OLABRES, else skip to VACCINE/MEDICAL HISTORY section	
Case lab confirmed - - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if CULRES = "P" or if PCRRES="P"	variable visible to all, but assigned and modfied by IZ Branch - additional requirement -- see "Variables for IZ Br Only" tab
Culture		CULTURE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DATECULT, else skip to PCRTEST	**New subsection for this & following variables - called "Culture"**
Culture specimen date		DATECULT	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after COUGH_ON	
Culture result		CULRES	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
PCR		PCRTEST	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for PCRDATE, else skip to OTHERLAB	**New subsection for this & following variables - called "PCR"**
PCR specimen date		PCRDATE	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after COUGH_ON	
PCR result		PCRRES	C1	P=pos, N =neg, I=Indeterminate, E=Pending, X=Not Done, S=Parapertussis, U=Unknown		
Other Lab Test Completed?		OTHERLAB	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for OLABSPEC and OLABRES, else skip to VACCINE/MEDICAL HISTORY section	**New subsection for this & following variables - called "Other Lab Testing"**
Speciy Other Lab Test		OLABSPEC	C8	Free Text		
Other Lab Test Result		OLABRES	C20	Free Text		
VACCINATION/ MEDICAL HISTORY	Assess history of the case					**New Tab for following section**
Is case is <= 15 years of age?		NEED_VAC	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for VACCINE, else skip to PREGNANT	
Received **one** or more doses of pertussis containing vaccine prior to onset date of illness?		VACCINE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for NUMDOSES thru VACDATE6; if = "N" then prompt for REASON	

PERTUSSIS FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Number of doses prior to illness onset		NUMDOSES	C1	0=no doses, 1=1 dose, 2=2 doses, 3=3 doses, 4=4 doses, 5=5 doses, 6=6 doses, 9=unknown		
Pertussis vaccination date - DTP/DTaP 1 date		VACDATE1	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=1	
Pertussis vaccination date - DTP/DTaP 2 date		VACDATE2	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=2	
Pertussis vaccination date - DTP/DTaP 3 date		VACDATE3	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=3	
Pertussis vaccination date - DTP/DTaP 4 date		VACDATE4	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=4	
Pertussis vaccination date - DTP/DTaP 5 date		VACDATE5	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=5	
Pertussis vaccination date - DTP/DTaP 6 date		VACDATE6	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES >=6	
Reason for not being vaccinated or not up-to-date		REASON	C1	1=Personal Beliefs Exemption (PBE), 2=Permanent Medical Exemption (PME), 3=Temporary Medical Exemption, 4=Lab Confirmation of previous disease, 5=MD Dx of previous disease, 6=Under Age for vaccination, 7=Delay in starting series or between doses, 8=Other, 9=Unknown		
Pregnant		PREGNANT	C1	Y=Yes, N=No, U=Unknown		
Immunocompromised		IMMUNO	C1	Y=Yes, N=No, U=Unknown		
EPIDEMIOLOGICAL/ EXPOSURE HISTORY	Assess possible sources of infection					**New Tab for following section**
Acquisition setting	change this to a series of Y/N questions…				check all that apply	**New subsection for this & following variables - called "Acquisition"**
Unknown		A_UNKNOWN	C1	1=Unknown	if 1, skip to SRC_CON	
Day Care		A_DAYCARE	C1	1=Day Care		
School		A_SCHOOL	C1	1=School		
Doctors Office		A_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		A_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		A_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		A_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		A_HOME	C1	1=Home		
Work		A_WORK	C1	1=Work		
College		A_COLLEGE	C1	1=College		
Military		A_MILITARY	C1	1=Military		
Correctional Facility		A_CORRFAC	C1	1=Correctional Facility		
Church		A_CHURCH	C1	1=Church		
International Travel		A_INTERNAT	C1	1=International Travel		
Other		A_OTHER	C1	1=Other		
Close contact with person with persistent cough within 21 days of sx onset		SRC_CON	**C1**	Y=Yes, N=No, U=unknown	If = "Y" then prompt for source contact questions, SCNAME1 through SCHH1, else skip to EPILINK	**New subsection for this single variable - called "Source Contact"**
Name of Contact with cough		SCNAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (SCNAME1 to SCHH1).....(SCNAME3 to SCHH3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (SCNAME1 to SCHH1).....(SCNAMEn to SCHHn)]?
Cough onset date of contact		SCCOUGH1	Num date	MMDDCCYY		will not be forwarded to NETSS
Relationship of contact to case		SCRELAT1	C25	Free Text		will not be forwarded to NETSS
Age of contact in years		SCAGE1	Num	0-100, 0 indicating under 1 year		**Range = 0-100; will not be forwarded to NETSS**
Was contact in same household		SCHH1	C1	Y=Yes, N=No, U=Unknown		will not be forwarded to NETSS
Epi-linked to another laboratory-confirmed case?		EPILINK	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EPI_NAME	**New subsection for this & following variables - called "Epi-linked"**

PERTUSSIS FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Name or CASEID of that case		EPI_NAME	C35	Free Text		will not be forwarded to NETSS
Outbreak related		OUTBREL	C1	Y=Yes, N=No, U=Unknown	if ='Y' then prompt for OUTBNAME	**New subsection for this & following variables - called "Outbreak Related" --**
Outbreak name or location		OUTBNAME	C15	Free Text		
INVESTIGATION OF TRANSMISSION & CONTACTS	Gather information on contacts -- needed to control spread of disease. Using the Contact Tracing Worksheet highly recommended.					**New Tab for following section**
Spread setting - list of settings	**change this to a series of Y/N questions…**				check all that apply	**New subsection for this & following variables - called "Spread Setting"**
Unknown		S_UNKNOWN	C1	1=Unknown	if 1, skip to SUSCEPT	
Day Care		S_DAYCARE	C1	1=Day Care		
School		S_SCHOOL	C1	1=School		
Doctors Office		S_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		S_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		S_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		S_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		S_HOME	C1	1=Home		
Work		S_WORK	C1	1=Work		
College		S_COLLEGE	C1	1=College		
Military		S_MILITARY	C1	1=Military		
Correctional Facility		S_CORRFAC	C1	1=Correctional Facility		
Church		S_CHURCH	C1	1=Church		
International Travel		S_INTERNAT	C1	1=International Travel		
Other		S_OTHER	C1	1=Other		
Number of contacts for whom antibiotic was recommended		SUSCEPT	NUM		If > 0 then remind with message to complete contact tracing worksheet	Can ITI issue a reminder during data entry? **Additional requirement; valid range is 0-998 or 999 (unknown)**
Number of ill contacts		CONTACTS	NUM			
LHD INTERNAL TRACKING, DISEASE SPECIFIC						**On the LHD Internal Tracking Tab**
LHD Case Classification		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only
IZ Branch Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if CULRES = "P" and COUGH = "Y" or if IZB_CLINDEF = "Y" and PCRRES = "P" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
ATTACHMENTS/LINKS	Supplemental forms - Put in Forms Tab					**New Tab for following section**
Contact spread sheet						
Time line for determining exposure and infectious period dates						
Quicksheet						2-page summary of essential disease protocols

State of California—Health and Human Services Agency

Department of Health Services
Surveillance Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320

POLIOMYELITIS CASE REPORT

FOR STATE/DCDC USE ONLY:　　　REPORT YEAR:　　　DATE CASE STATUS IS DETERMINED:

Patient name–last	first	middle initial	Date of birth	Age	Sex

Address–number, street	City	State	County	ZIP code

Telephone number Home ( )　　　　　　Work ( )	County (where infected if different from address)

RACE (check one)

☐ African-American/Black　☐ White　☐ Native American　☐ Asian/Pacific Islander　☐ Other _____

ETHNICITY (check one)

☐ Hispanic/Latino　☐ Non-Hispanic/Non-Latino

If Asian/Pacific Islander, please check one:　☐ Asian Indian　☐ Cambodian　☐ Chinese　☐ Filipino　☐ Guamanian　☐ Hawaiian
☐ Japanese　☐ Korean　☐ Laotian　☐ Samoan　☐ Vietnamese　☐ Other _____

CLINICAL DATA

Illness onset date (mm/dd/yy)	Weakness/paralysis onset date (mm/dd/yy)	Hospitalized ☐ Yes ☐ No	Attending physician or consultant physician	Telephone number ( )
Admit date (mm/dd/yy)	Discharge date (mm/dd/yy)	Medical record number	Hospital name	Telephone number ( )

Describe symptoms, signs (fever, gastrointestinal symptoms, meningeal irritation, myalgia; type—flaccid vs. plastic/rigid—distribution and progress of paralysis):

_____
_____
_____
_____
_____
_____

Paralysis/muscle weakness status 60 days after weakness/paralysis onset:　☐ None　☐ Died　☐ Residual weakness, describe below:

_____
_____

LABORATORY DATA　(This section is continued on the reverse of this form.)

VIRUS ISOLATION (Throat washing, stool, rectal swab, CSF)

Type of Specimen	Date Collected	Result of the Test

Describe strain characterization of *any* poliovirus isolated (vaccine vs. wild type). *Do not wait for this result before sending form to Department of Health Services.*

_____
_____

SEROLOGIC DATA (Collection dates and results of acute and convalescent sera for polio CF and/or neutralization antibody test for all three (3) poliovirus types or for other possible agents)

Date Collected	Polio CF Titers			Polio Neut. Titers			Other Agents
	Type 1	Type 2	Type 3	Type 1	Type 2	Type 3	

CSF (Collection date(s), protein, white cell count and differential, glucose)

Date Collected	WBC Count and Differential	Protein	Glucose

DHS 8421 (2/99)

Page 1 of 2

LABORATORY DATA *(Continued)*

Electromyogram, nerve conduction study, other test, describe if any (specify *date* and *findings*):

_____
_____
_____
_____

Stool tested for *C. botulinum* organism/toxin, describe:

_____
_____

Serlim tested for *C. botulinum* toxin, describe:

_____
_____

Immunocompetence work-up (e.g., WBC, quantitative immunoglobulins, T and B cell quantitation, lymphocyte transmation, HL-A), describe:

_____
_____
_____

Immunodeficiency clinically evident:　　　☐ Yes　　　☐ No　　　☐ Unknown

Botulism culture/toxin assay:　　Date: _____　　Findings: _____

EPIDEMIOLOGIC DATA

History of receipt of oral polio vaccine (OPV) ≤ 30 days before onset:　　☐ Yes　　☐ No　　☐ Unknown

Full polio immunization history, specify date and vaccine type: _____

History of contact with person who received OPV ≤ 75 days before onset of case's symptoms:　　☐ Yes　　☐ No　　☐ Unknown

If yes, describe relationship/contact of vaccinee to case, dates of immunization, and contact: _____
_____

Dose number of OPV received by contact:　　☐ First　　☐ Second　　☐ Third　　☐ Fourth　　☐ >Fifth

Foreign travel or foreign visitors in the 30-day period before onset:　　☐ Yes　　☐ No　　☐ Unknown

If yes, describe in details (dates of contact, illness signs and symptoms, etc.): _____
_____

Other cases of polio-like illness in the community or in contact with the case ≤ 30 days before onset:　　☐ Yes　　☐ No　　☐ Unknown

If yes, describe in details (dates of contact, illness signs and symptoms, etc.): _____
_____

REMARKS

Investigator name (print)	Date	Telephone number
		( )

Agency name

CASE DEFINITION

CDC/MMWR, May 2, 1997/Vol. 46/No. RR-10 "Case Definition for Infectious Conditions Under Public Health Surveillance."

Poliomyelitis, Paralytic

Clinical case definition:
Acute onset of a flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause, and without sensory or cognitive loss.

Case classification:
Probable:　　　A case that meets the clinical case definition.
Confirmed:　　　A case that meets the clinical case definition and in which the patient has a neurologic deficit 60 days after onset of initial symptoms, has died, or has unknown follow-up status.

Comment:
All suspected cases of paralytic poliomyelitis are reviewed by a panel of expert consultants before final classification occurs. Confirmed cases are then further classified based on epidemiologic and laboratory criteria (*11*). Only confirmed cases are included in Table 1 in the *MMWR*. Suspected cases are enumerated in a footnote to the *MMWR* table.

POLIO FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
PATIENT DEMOGRAPHICS				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		

POLIO FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days		
Case age	AGE	Num			See var AGETYPE Above; Filled in by LHD
Calculated Age (at onset)	AGECALC	Num		Calculated Variable: SYMP_ON - BIRTHDAT	Calculated automatically
Case gender	GENDER	C1	M=Male,F=Female		
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		
Case race (check all that apply)				check all that apply, new coding different from NETSS and AVSS	
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR Data Dictionary Tetanus Measles Varicella Deaths DOHTBSC Polio GBS

117

POLIO FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
Occupation (choose all that apply)					
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Country of Birth	B_CNTRY	C15	Free Text		
Country of Residence	R_CNTRY	C15	Free Text		
CLINICAL DATA					Separate tab for this section
Illness onset date	SYMP_ON	Num Date	MMDDCCYY		
Weakness/Paralysis onset date	PARL_ON	Num Date	MMDDCCYY		
Hospitalized	HOSPITAL	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for PHYSICIAN through HOSP_PHONE, else skip to CLIN_DESC	
Attending Physician or consulting physician	PHYSICIAN	C25	Free Text		
Telephone number of physician	PHYS_PHONE	C15	Free Text		
Admit Date	ADMITDAT	Num Date	MMDDCCYY		
Discharge Date	DISCHDATE	Num Date	MMDDCCYY		
Medical Record Number	MEDRECNUM	C15	Free Text		
Hospital Name	HOSP_NAME	C25	Free Text		
Hospital Phone Number	HOSP_PHONE	C15	Free Text		
Describe symptoms, signs (fever, gastrointestinal symptomes, meningeal irritation, myalgia, type -- flaccid vs plastic/rigid -- distribution and progress of paralysis)	CLIN_DESC	C200	Free Text		
Paralysis/muscle weakness status 60 days after paralysis/muscle weakness onset	PARASTATUS	C1	1 = None, 2 = Died, 3 = Residual weakness, 9 = Unknown		
Describe residual weakness	RESIDUAL	C100	Free Text		
LABORATORY DATA					Separate tab for this section
Virus Isolation done? (from throat washing, stool, rectal swab or CSF)	VIR_ISOL	C1	Y=Yes, N=No, U=Unknown	If VIR_ISOL = y, then prompt for SPEC1TYPE through STRAIN	
First specimen, type	SPEC1TYPE	C15	Free Text		
First specimen, date collected	SPEC1DATE	Num Date	MMDDCCYY		
First specimen, result of test	SPEC1RES	C15	Free Text		
Second specimen, type	SPEC2TYPE	C15	Free Text		
Second specimen, date collected	SPEC2DATE	Num Date	MMDDCCYY		
Second specimen, result of test	SPEC2RES	C15	Free Text		

POLIO FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Third specimen, type	SPEC3TYPE	C15	Free Text		
Third specimen, date collected	SPEC3DATE	Num Date	MMDDCCYY		
Third specimen, result of test	SPEC3RES	C15	Free Text		
Describe strain characterization of any poliovirus isolated (vaccine vs wild type)	STRAIN	C100	Free Text		
Specimen taken for serological testing (collection dates and results of acute and convalescent sera for polio CF and/or neutralization antibody test for all three poliovirus types or for other possible agents)	SEROSPEC	C1	Y=Yes, N=No, U=Unknown		
Date first specimen collected	SERO1DATE	Num Date	MMDDCCYY		
Specimen 1, Polio CF Titers, Type 1	S1_CF_T1	C15	Free Text		
Specimen 1, Polio CF Titers, Type 2	S1_CF_T2	C15	Free Text		
Specimen 1, Polio CF Titers, Type 3	S1_CF_T3	C15	Free Text		
Specimen 1, Polio Neut. Titer, Type 1	S1_NT_T1	C15	Free Text		
Specimen 1, Polio Neut. Titer, Type 2	S1_NT_T2	C15	Free Text		
Specimen 1, Polio Neut. Titer, Type 3	S1_NT_T3	C15	Free Text		
Specimen 1, Other Agents	S1_OTHAG	C15	Free Text		
Date second specimen collected	SERO2DATE	Num Date	MMDDCCYY		
Specimen 2, Polio CF Titers, Type 1	S2_CF_T1	C15	Free Text		
Specimen 2, Polio CF Titers, Type 2	S2_CF_T2	C15	Free Text		
Specimen 2, Polio CF Titers, Type 3	S2_CF_T3	C15	Free Text		
Specimen 2, Polio Neut. Titer, Type 1	S2_NT_T1	C15	Free Text		
Specimen 2, Polio Neut. Titer, Type 2	S2_NT_T2	C15	Free Text		
Specimen 2, Polio Neut. Titer, Type 3	S2_NT_T3	C15	Free Text		
Other Agents	S2_OTHAG	C15	Free Text		
Date third specimen collected	SERO3DATE	Num Date	MMDDCCYY		
Specimen 3, Polio CF Titers, Type 1	S3_CF_T1	C15	Free Text		
Specimen 3, Polio CF Titers, Type 2	S3_CF_T2	C15	Free Text		
Specimen 3, Polio CF Titers, Type 3	S3_CF_T3	C15	Free Text		
Specimen 3, Polio Neut. Titer, Type 1	S3_NT_T1	C15	Free Text		
Specimen 3, Polio Neut. Titer, Type 2	S3_NT_T2	C15	Free Text		
Specimen 3, Polio Neut. Titer, Type 3	S3_NT_T3	C15	Free Text		
Specimen 3, Other Agents	S3_OTHAG	C15	Free Text		
CSF Specimen Collected?	CSFSPEC	C1	Y=Yes, N=No, U=Unknown		
CSF Specimen 1 Date	CSF1_DATE	Num Date	MMDDCCYY		
CSF Specimen 1 WBC Count and Differential	CSF1_WBC	C15	Free Text		
CSF Specimen 1 Protein	CSF1_PROT	C15	Free Text		
CSF Specimen 1 Glucose	CSF1_GLUC	C15	Free Text		
CSF Specimen 2 Date	CSF2_DATE	Num Date	MMDDCCYY		
CSF Specimen 2 WBC Count and Differential	CSF2_WBC	C15	Free Text		
CSF Specimen 2 Protein	CSF2_PROT	C15	Free Text		
CSF Specimen 2 Glucose	CSF2_GLUC	C15	Free Text		
CSF Specimen 3 Date	CSF3_DATE	Num Date	MMDDCCYY		
CSF Specimen 3 WBC Count and Differential	CSF3_WBC	C15	Free Text		
CSF Specimen 3 Protein	CSF3_PROT	C15	Free Text		
CSF Specimen 3 Glucose	CSF3_GLUC	C15	Free Text		
Electromyogram, nerve conduction study, other test, describe if any (specify date and findings)	OTHTEST	C100	Free Text		

POLIO FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Assigned Variable / Other Comments
Stool tested for C. botulinum organism/toxin	STOOLCBOT	C1	Y=Yes, N=No, U=Unknown	If STOOLCBOT =Y, then prompt for ST_CB_DESC	
If yes, describe	ST_CB_DESC	C100	Free Text		
Serum tested for C. botulinum toxin	SERUMCBOT	C1	Y=Yes, N=No, U=Unknown	If SERUMCBOT =Y, then prompt for SM_CB_DESC	
If yes, describe	SM_CB_DESC	C100	Free Text		
Immunocompetence work-up (e.g. WBC, quantitative immunoglobulins, T and B cell quatitation, lymphocyte transmation, HL-A)	IMCOMPTEST	C1	Y=Yes, N=No, U=Unknown	If SERUMCBOT =Y, then prompt for SM_CB_DESC	
If yes, describe	IMCOMPDESC	C100	Free Text		
Immunodeficiency clinically evident	IMCOMPCLIN	C1	Y=Yes, N=No, U=Unknown		
Botulinum culture/toxin assay done?	BOTDONE	C1	Y=Yes, N=No, U=Unknown	If BOTDONE = Y, then prompt for BOTDATE and BOTFIND	
Botulinum culture/toxin assay date	BOTDATE	Num Date	MMDDCCYY		
Botulinum culture/toxin assay findings	BOTFIND	C25	Free Text		
EPIDEMIOLOGIC DATA					Separate tab for this section
History of OPV <= 30 days before onset	OPVHIST	C1	Y=Yes, N=No, U=Unknown		
Full polio immunization history, specify date and type	POL_IMM	C100	Free Text		
History of contact with person who received OPV <= 75 days before onset of case's symptoms	OPVCONT	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for CONTDESC and OPVDOSE, else skip to TRAV_VSTR	
If yes, describe relationship/contact of vacinee to case, dates of immunization, and contact	CONTDESC	C100	Free Text		
OPV Dose number received by contact	OPVDOSE	C1	1 = First, 2 = Second, 3 = Third, 4 =Fourth, 5 = Fifth or greater		
International travel or foreign visitors in the 30-day period before onset	TRAV_VSTR	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DESC_TRAV, else skip to POL_LIKE	
If yes, describe in details (dates of contact, illness signs and symptoms, etc)	DESC_TRAV	C100	Free Text		
Other cases of polio-like illness in the community or in contact with the case <30 days before onset	POL_LIKE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DESC_LIKE, else skip to REMARKS	
If yes, describe in details (dates of contact, illness signs and symptoms, etc)	DESC_LIKE	C100	Free Text		
REMARKS					Separate tab for this section
REMARKS	REMARKS	C200	Free Text		

Department of Health Services
DCDC Immunization Branch
Building P, 2nd Floor
850 Marina Bay Parkway
Richmond, CA 94804-6403

RUBELLA (GERMAN MEASLES) CASE REPORT

PATIENT DEMOGRAPHICS

Patient name—last   first   middle initial | Date of birth ____/____/_____ | Age (enter age and check one) _____ ☐ Days ☐ Weeks ☐ Months ☐ Years | Gender ☐ Male ☐ Female

Address (number, street) | City | State | ZIP code | County

ETHNICITY (check one) ☐ Hispanic or Latino   ☐ Not Hispanic or Latino   ☐ Unknown

RACE (check all that apply)

☐ Unknown
☐ African-American or Black
☐ American Indian or Alaska Native
☐ White
☐ Other: _____

☐ Asian
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino

☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian

☐ Thai
☐ Vietnamese
☐ Other Asian:_____

☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian
☐ Guamanian
☐ Samoan
☐ Other Pacific Islander:_____

Occupation (check all that apply)

☐ Food service   ☐ Health care   ☐ Day care   ☐ School   ☐ Correctional facility   ☐ Other:

Country of birth | Country of residence

COMMON LHD TRACKING DATA

CMRID number | IZB Case ID number | Web CMR ID number

Date reported to county ____/____/_____ | Date investigation started ____/____/_____ | Person/clinician reporting case | Reporter telephone ( )

Case investigator completing form | Investigator telephone ( ) | Investigator's LHD or jurisdiction

SIGNS AND SYMPTOMS

Rash ☐ Yes ☐ No ☐ Unknown | Rash onset date ____/____/____ | Rash duration _____ days | Is rash generalized ☐ Yes ☐ No ☐ Unknown | Origin on body | Direction of spread

Fever ☐ Yes ☐ No ☐ Unknown | Fever onset date ____/____/_____ | Was temperature taken ☐ Yes ☐ No ☐ Unknown | Was temperature ≥ 99.0°F (37.2°C) ☐ Yes ☐ No ☐ Unknown | If temperature not taken, skin was ☐ Hot ☐ Warm ☐ Normal ☐ Unknown

Arthralgia/arthritis ☐ Yes ☐ No ☐ Unknown | Lymphadenopathy ☐ Yes ☐ No ☐ Unknown | Conjunctivitis ☐ Yes ☐ No ☐ Unknown |

Other symptoms ☐ Yes ☐ No ☐ Unknown | Describe other symptoms | Date of diagnosis ____/____/_____

Does case meet clinical criteria for further investigation? ☐ Yes ☐ No ☐ Unknown | **CASE MEETS CDC/CSTE CLINICAL CRITERIA?** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized ☐ Yes ☐ No ☐ Unknown | Days hospitalized _____ days | Encephalitis ☐ Yes ☐ No ☐ Unknown | Death ☐ Yes ☐ No ☐ Unknown | Date of death ____/____/_____

Other complications ☐ Yes ☐ No ☐ Unknown | Describe other complications

LABORATORY TESTS

Any lab tests done for rubella ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR LHD USE)* ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown | **LAB RESULT CODES**

P = Positive—Evidence of recent or current infection
N = Negative—Antibody not detected
I = Indeterminate
E = Pending
X = Not done
U = Unknown
Z = Infection at undetermined time or immunization

Serology performed ☐ Yes ☐ No ☐ Unknown	**Specimen Date**	**Titer Result**	**Test Reference Index**	**Result Interpretation**
IgM	___/____/_____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (acute)	___/____/_____			
IgG (convalescent)	___/____/_____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U ☐ Z

Specimen taken for virus isolation ☐ Yes ☐ No ☐ Unknown | Specimen source ☐ Nasopharyngeal ☐ Urine ☐ Other ☐ Unknown | Specimen date ____/____/_____ | Virus isolated ☐ Yes ☐ No ☐ Unknown | Name of lab: _____

Specimen sent to CDC for genotyping ☐ Yes ☐ No ☐ Unknown | Date sent ____/____/_____ | Virus genotype

Other lab tests completed ☐ Yes ☐ No ☐ Unknown | Specify lab tests | Other lab test results

VACCINATION/MEDICAL HISTORY

Received one or more doses of rubella-containing vaccine

☐ Yes   ☐ No   ☐ Unknown

Number of doses

Vaccination dates—Dose 1
____/____/_____

Dose 2
____/____/_____

Dose 3
____/____/_____

Reason for not being vaccinated *(check one)*:

1 ☐ Personal Beliefs Exemption (PBE)
2 ☐ Permanent Medical Exemption (PME)
3 ☐ Temporary Medical Exemption

4 ☐ Lab confirmation of previous disease
5 ☐ MD diagnosis of previous disease
6 ☐ Underage for vaccination

7 ☐ Delay in starting series or between doses
8 ☐ Other
9 ☐ Unknown

Prior MD diagnosed rubella

☐ Yes   ☐ No   ☐ Unknown

Pregnant

☐ Yes   ☐ No   ☐ Unknown

Immunocompromised

☐ Yes   ☐ No   ☐ Unknown

EXPOSURE/TRAVEL HISTORY

Acquisition setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office

4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic

7 ☐ Home
8 ☐ Work
9 ☐ Unknown

10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility

13 ☐ Church
14 ☐ International travel
15 ☐ Other

Recent travel or arrival from other country or state within 23 days of rash onset   ☐ Yes   ☐ No   ☐ Unknown

Countries or states visited

Dates in countries or states visited

Date of arrival in California
____/____/_____

Close contact with either person(s) with rash or person(s) with congenital rubella syndrome (CRS) 12–23 days before rash onset

☐ Yes   ☐ No   ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)	Same Household
1		____/____/_____			☐ Yes ☐ No ☐ Unknown
2		____/____/_____			☐ Yes ☐ No ☐ Unknown
3		____/____/_____			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a (lab confirmed) case

☐ Yes   ☐ No   ☐ Unknown

Case name or Case ID

Outbreak-related

☐ Yes   ☐ No   ☐ Unknown

Outbreak name or location

Import status *(FOR LHD USE)*

☐ Indigenous   ☐ Out-of-state import   ☐ International import

Linked to imported case *(FOR LHD USE)*

☐ Yes   ☐ No   ☐ Unknown

Import status *(FOR STATE USE ONLY)*

☐ Indigenous   ☐ Out-of-state import   ☐ International import

Linked to imported case *(FOR STATE USE ONLY)*

☐ Yes   ☐ No   ☐ Unknown

CONTACT INVESTIGATION

Spread setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office

4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic

7 ☐ Home
8 ☐ Work
9 ☐ Unknown

10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility

13 ☐ Church
14 ☐ International travel
15 ☐ Other

Number of susceptible contacts

Number of susceptible contacts who are pregnant

Were there close contacts who have rash 12–23 days after exposure to case?

☐ Yes   ☐ No   ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)
1		____/____/_____		
2		____/____/_____		
3		____/____/_____		

Please list other contacts on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION *(FOR LHD USE)*

☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case   ☐ Unknown

CASE CLASSIFICATION *(FOR STATE USE ONLY)*

☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case   ☐ Unknown

RUBELLA CASE CLASSIFICATION

Clinical Case Definition: An illness that has all the following characteristics:

Acute onset of generalized maculopapular rash; Temperature greater than 99.0 °F (greater than 37.2 °C), if measured; Arthralgia/arthritis, lymphadenopathy, or conjunctivitis

Laboratory criteria for diagnosis; Isolation of rubella virus or significant rise between acute- and convalescent-phase titers in serum rubella immunoglobulin G antibody level by any standard erologic assay; or Positive serologic test for rubella immunoglobulin M (IgM) antibody.

Case Classification:

Suspected: any generalized rash illness of acute onset

Probable: a case that meets the clinical case definition, has no or noncontributory serologic or virologic testing, and is not epidemiologically linked to a laboratory-confirmed case.

Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a laboratory-confirmed case.

RUBELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
SIGNS AND SYMPTOMS	Assess if case meets minimum clinical criteria for further investigation					**New Tab for following section**
Rash		RASH	C1	Y=Yes, N=No, U=Unknown	If RASH="Y", then prompt for RASH_ON thru RASHSPRD; else skip to FEVER	**New subsection for this & following variables - called "RASH"**
Rash onset date		RASH_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Rash Duration		RASH_DUR	Num	Number of days	if >=7 then **prompt** for confirmation - **additional requirement**	
Is the rash generalized?		GENERAL	C1	Y=Yes, N=No, U=Unknown		
Origin on body		RASHORIG	C25	Free Text		
Direction of spread		RASHSPRD	C25	Free Text		
Fever		FEVER	C1	Y=Yes, N=No, U=Unknown	if FEVER=Y then prompt for FEVER_ON thru SKINTEMP, else skip to ARTHR	**New subsection for this & following variables - called "FEVER"**
Fever onset date		FEVER_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Was temperature taken?		TEMP_TAKE	C1	Y=Yes, N=No, U=Unknown	If TEMP_TAKE="Y" then prompt for TEMPERAT; if TEMP_TAKE="N" then prompt for SKINTEMP	
Was temperature >= 99.0F (37.2C)?		TEMPERAT	C1	Y=Yes, N=No, U=Unknown		
If temperature not taken, skin was?		SKINTEMP	C1	1 = Hot, 2 = Warm, 3 = Normal, 9 = Unknown		
Arthralgia/Arthritis		ARTHR	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "OTHER SYMPTOMS"**
Lymphadenopathy		LYMPH	C1	Y=Yes, N=No, U=Unknown		
Conjunctivitis		CONJUNCT	C1	Y=Yes, N=No, U=Unknown		
Other Symptoms		SYMP_OTH	C1	Y=Yes, N=No, U=Unknown	if ="Y" then prompt for SCOMMENT, else skip to DATE_DX	
Describe other symptoms		SCOMMENT	C120	Free Text		
Date of Diagnosis		DATE_DX	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" --** For LHD use only
Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y", (either TEMPERAT = "Y" or SKINTEMP = "1" or "2"), and (either ARTHR = "Y" or LYMPH = "Y" or CONJUNCT = "Y")	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
OTHER SX/COMPLICATIONS	Assess Severity of Case					**New Tab for following section**
Hospitalized		HOSPITAL	C1	Y=Yes, N=No, U=Unknown	if HOSPITAL="Y" then prompt for DAYSHOSP	
Days hospitalized		DAYSHOSP	Num		if greater than 7 days prompt for confirmation	
Encephalitis		ENCEPHAL	C1	Y=Yes, N=No, U=Unknown		
Death		DEATH	C1	Y=Yes, N=No, U=Unknown		
Date of death		DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
Other complications		COMP_OTH	C1	Y=Yes, N=No, U=Unknown	if yes then prompt for CCOMMENT	
Describe other complications		CCOMMENT	C120	Free Text		**This value will be truncated to 15 characters in NETSS - OK**
LAB TESTS	Confirm Case or Rule it out					**New Tab for following section**
Any lab test done for rubella		LABTEST	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for BLOOD thru OLABRES, else skip to VACCINE/MEDICAL HISTORY section	
Case lab confirmed - - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only

RUBELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if IGMRES1 or IGMRES2 = "P" or IGGPAIRED = "P" or "VRUSISOL" = "P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
Serology performed		BLOOD	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DATEIGM1 thru IGGPAIRED, else skip to VRUSSPEC	
IgM specimen date		DATEIGM1	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	**New subsection for this & following variables - called "IgM Testing"**
IgM titer result		IGMTITER1	Num			
IgM test reference index		IGMINDEX1	Num			
IgM result interpretation		IGMRES1	C1	P=Evidence of recent or current infection (Positive), N =Antibody not detected (Negative), I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
IgG acute specimen date		DATEIGGA	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	**New subsection for this & following variables - called "IgG Testing"**
IgG acute titer result		IGGATITER	Num			
IgG acute test reference index		IGGAINDEX	Num			
IgG convalescent specimen date		DATEIGGC	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgG convalescent titer result		IGGCTITER	Num			
IgG convalescent test reference index		IGGCINDEX	Num			
IgG result interpretation		IGGPAIRED	C1	P=Evidence of recent or current infection (Positive), N =antibody not detected (Negative), Z = Infection at undetermined time or Immunization, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
Specimen Taken for Virus Isolation (Virus Culture)		VRUSSPEC	C1	Y=Yes, N=No, U=Unknown	If "Y" then prompt for VRUS_SRC thru VRUSGENO, else skip to OTHERLAB	
Virus Culture Specimen Source		VRUS_SRC	C1	1=Nasopharyngeal, 2=Urine, 3=Other, 9=Unknown		
Virus Culture Specimen Date		DATEVRUS	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	**New subsection for this & following variables - called "Viral Culture"**
Virus Isolated from Culture?		VRUSISOL	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
Specimen forwarded to CDC for genotyping?		CDCSPEC	C1	Y=Yes, N=No, U=Unknown		
Date specimen sent for genotyping		VRUSDATE	Num date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Virus Genotype		VRUSGENO	C3	3 character genotype code		
Other Lab Test Completed?		OTHERLAB	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for OLABSPEC and OLABRES, else skip to VACCINE/MEDICAL HISTORY section	
Specify Other Lab Test		OLABSPEC	C8	Free Text		**New subsection for this & following variables - called "Other Lab Testing"**
Other Lab Test Result		OLABRES	C20	Free Text		
VACCINATION/ MEDICAL HISTORY	Assess history of the case					**New Tab for following section**
Received one or more doses of rubella-containing vaccine		VACCINE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for NUMDOSES thru VACDATE3; if = "N" then prompt for REASON	
Number of doses		NUMDOSES	Num	0 - 3		
Rubella vaccination date - MMR or other rubella-containing vaccine 1		VACDATE1	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=1	
Rubella vaccination date - MMR or other rubella-containing vaccine 2		VACDATE2	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=2	

RUBELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Rubella vaccination date - MMR or other rubella-containing vaccine 3		VACDATE3	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=3	
Reason for not being vaccinated		REASON	C1	1=Personal Beliefs Exemption (PBE), 2=Permanent Medical Exemption (PME), 3=Temporary Medical Exemption, 4=Lab Confirmation of previous disease, 5=MD Dx of previous disease, 6=Under Age for vaccination, 7=Delay in starting series or between doses, 8=Other, 9=Unknown		Note: this coding is different from NETSS coding -- will need to be recoded to NETSS value list
Prior MD diagnosed rubella		PRIOR_DX	C1	Y=Yes, N=No, U=Unknown		
Pregnant		PREGNANT	C1	Y=Yes, N=No, U=Unknown		
Immunocompromised		IMMUNO	C1	Y=Yes, N=No, U=Unknown		
EXPOSURE/TRAVEL HISTORY	Assess possible sources of infection					**New Tab for following section**
Acquisition setting					check all that apply	**New subsection for this & following variables - called "Acquisition"**
Unknown		A_UNKNOWN	C1	1=Unknown	if 1, skip to TRAVEL	
Day Care		A_DAYCARE	C1	1=Day Care		
School		A_SCHOOL	C1	1=School		
Doctors Office		A_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		A_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		A_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		A_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		A_HOME	C1	1=Home		
Work		A_WORK	C1	1=Work		
College		A_COLLEGE	C1	1=College		
Military		A_MILITARY	C1	1=Military		
Correctional Facility		A_CORRFAC	C1	1=Correctional Facility		
Church		A_CHURCH	C1	1=Church		
International Travel		A_INTERNAT	C1	1=International Travel		
Other		A_OTHER	C1	1=Other		
Recent travel or arrival from other country or state within 23 days of rash onset		TRAVEL	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for ARRIVE thru CNTRYDTS, else skip to SRC_CON	**New subsection for this & following variables - called "Recent Travel"**
Date of arrival in CA		ARRIVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Countries or states visited		CNTRYVST	C35	Free Text		
Dates in countries or states visited		CNTRYDTS	C25	Free Text		
Close contact with either person(s) with rash or a person(s) with congenital rubella syndrome (CRS) 12 - 23 days before rash onset ?		SRC_CON	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for source contact questions, SCNAME1 through SCHH1, else skip to EPILINK	**New subsection for this single variable - called "Source Contact"**
Name of contact		SCNAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (SCNAME1 to SCHH1).....(SCNAME3 to SCHH3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (SCNAME1 to SCHH1).....(SCNAMEn to SCHHn)]?
Rash onset date of contact		SCRASH1	Num date	MMDDCCYY		will not be forwarded to NETSS
Relationship of contact to case		SCRELAT1	C25	Free Text		will not be forwarded to NETSS
Age of contact in years		SCAGE1	Num	0-100, 0 indicating under 1 year		**Range = 0-100; will not be forwarded to NETSS**
Was contact in same household		SCHH1	C1	Y=Yes, N=No, U=Unknown		will not be forwarded to NETSS
Linked to a CRS case? Enter name or CaseID		CRS_LINK	C35	Free Text		Possible to auto-fill from CRS form?

RUBELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Epi-linked to a lab-confirmed case		EPILINK	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EPI_NAME	**New subsection for this & following variables - called "Epi-linked"**
Name or CASEID of that case		EPI_NAME	C35	Free Text		will not be forwarded to NETSS
Outbreak related		OUTBREL	C1	Y=Yes, N=No, U=Unknown	if ='Y' then prompt for OUTBNAME	**New subsection for this & following variables - called "Outbreak Related" --**
If yes, outbreak name or location		OUTBNAME	C15	Free Text		
Import Status - LHD Classification		LHD_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		**New subsection for this & following variables - called "Import Status"** -- For LHD use only
Import Status - IZ Branch Classification		IZB_IMPORT	C1	1=Indigenous, 2=Out-of-State Import, 3= International Import		variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
Linked to imported case within two generations? - LHD Classification		LHD_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Linked to imported case within two generations? IZ Branch Classification		IZB_IMP_LINK	C1	Y=Yes, N=No, U=Unknown		variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
CONTACT INVESTIGATION	Gather information on contacts -- needed to control spread of disease. Using the Contact Tracing Worksheet highly recommended.					**New Tab for following section**
Spread setting - list of settings					check all that apply	**New subsection for this & following variables - called "Spread Setting"**
Unknown		S_UNKNOWN	C1	1=Unknown	if 1, skip to SUSCEPT	
Day Care		S_DAYCARE	C1	1=Day Care		
School		S_SCHOOL	C1	1=School		
Doctors Office		S_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		S_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		S_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		S_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		S_HOME	C1	1=Home		
Work		S_WORK	C1	1=Work		
College		S_COLLEGE	C1	1=College		
Military		S_MILITARY	C1	1=Military		
Correctional Facility		S_CORRFAC	C1	1=Correctional Facility		
Church		S_CHURCH	C1	1=Church		
International Travel		S_INTERNAT	C1	1=International Travel		
Other		S_OTHER	C1	1=Other		
Number of susceptible contacts (no history of disease or vaccination)		SUSCEPT	Num		If > 0 then remind with message to complete contact tracing worksheet	Can ITI issue a reminder during data entry? **- additional requirement - workaround possible**
Number of susceptible contacts who are pregnant women		PREGCONT	Num			
Close contact(s) who have rash 12-23 days after exposure to case during case's infectious period?		CONTACT	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for contact questions, C_NAME1 through C_AGE1, else finish	**New subsection for this single variable - called "Exposure Contact"**
Name of Close Contact 1 with rash		C_NAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (C_NAME1 to C_AGE1).....(C_NAME3 to C_AGE3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C_NAME1 to C_AGE1).....(C_NAME*n* to C_AGE*n*)]?
Rash onset date of Close Contact 1		C_RASH1	Num Date	MMDDCCYY	on or after BIRTHDAT	**will not be forwarded to NETSS**
Close Contact 1 relationship to case		C_RELAT1	C25	Free Text		**will not be forwarded to NETSS**
Close Contact 1 age in years		C_AGE1	Num	0-100, zero indicating under 1 year		**Range = 0-100; will not be forwarded to NETSS**

RUBELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING, SPECIFIC						**On the LHD Internal Tracking Tab**
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_LABCONF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch **- additional requirement -- see "Variables for IZ Br Only" tab**
ATTACHMENTS/LINKS	Supplemental forms - Put in Forms Tab					**New Tab for following section**
Contact spread sheet						
School vaccination audit						
Time line for determining exposure and infectious period dates	Estimate important dates based on RASH_ON ... exposure, incubation, infectious period (prodrome, rash), and convalescence					
Quicksheet						2-page summary of essential disease protocols

Tetanus Surveillance Worksheet

NAME (Last, First)			Hospital Record No.

Address (Street and No.)	City	County	Zip	Phone

Reporting Physician/Nurse/Hospital/Clinic/Lab	Address		Phone

--- **DETACH HERE and transmit only lower portion if sent to CDC** ---

Tetanus Surveillance Worksheet

CDC NETSS ID	County	State	Zip

Birth Date — Month, Day, Year — Unk = 999

Age — Unk = 999

Age Type
0 = 0-120 years 3 = 0-28 days
1 = 0-11 months 9 = Unknown
2 = 0-52 weeks

Ethnicity
H = Hispanic
N = Not Hispanic
U = Unknown

Race
N = Native Amer./Alaskan Native W = White
A = Asian/Pacific Islander O = Other
B = African American U = Unknown

Sex
M = Male
F = Female
U = Unknown

Event Date — Month, Day, Year

Event Type
1 = Onset Date 5 = Reported to State or
2 = Diagnosis Date MMWR Report Date
3 = Lab Test Date 9 = Unknown
4 = Reported to County

Reported — Month, Day, Year

Imported
1 = Indigenous
2 = International
3 = Out of State
9 = Unknown

Report Status
1 = Confirmed
2 = Probable
3 = Suspect
9 = Unknown

[Report Status box: 1]

HISTORY

Date   Year of Onset — Month, Day, Year

Occupation

History of Military Service (Active or Reserve)?
Y = Yes
N = No
U = Unknown

Year of Entry Into Military Service

Tetanus Toxoid (TT) History Prior to Tetanus Disease
(Exclude Doses Received Since Acute Injury)
0 = Never 3 = 3 doses
1 = 1 dose 4 = 4 + doses
2 = 2 doses 9 = Unknown

Years Since Last Dose
0 - 98
99 = Unknown

CLINICAL DATA

Acute Wound Identified?
Y = Yes
N = No
U = Unknown

Date Wound Occurred — Month, Day, Year

Principal Anatomic Site
1 = Head 9 = Unspecified
2 = Trunk
3 = Upper Extremity
4 = Lower extremity

Work Related?
Y = Yes
N = No
U = Unknown

Environment
1 = Home 4 = Automobile
2 = Other Indoors 5 = Other Outdoors
3 = Farm/Yard 9 = Unknown

Circumstances:

Principal Wound Type
1 = Puncture 7 = Burn 12 = Animal bite
2 = Stellate Laceration 8 = Frost bite 13 = Insect bite/sting
3 = Linear Laceration 9 = Compound Fracture 14 = Dental
4 = Crush 10 = Other (e.g. with cancer) 15 = Tissue necrosis
5 = Abrasion Specify:_____ 99 = Unknown
6 = Avulsion 11 = Surgery

Wound Contaminated?
Y = Yes
N = No
U = Unknown

Depth of Wound
1 = 1cm. or less
2 = More than 1cm.
9 = Unknown

Signs of Infection?
Y = Yes
N = No
U = Unknown

Devitalized, Ischemic, or Denervated Tissue Present?
Y = Yes
N = No
U = Unknown

MEDICAL CARE PRIOR TO ONSET

Was Medical Care Obtained For This Acute Injury?
Y = Yes
N = No
U = Unknown

Tetanus Toxoid (TT) or Td Administered Before Tetanus Onset?
Y = Yes
N = No
U = Unknown

If Yes, TT or Td Given How Soon After Injury?
1 = < 6 Hours 5 = 10-14 Days
2 = 7-23 Hours 6 = 15+ Days
3 = 1-4 Days 9 = Unknown
4 = 5-9 Days

Wound Debrided Before Tetanus Onset?
Y = Yes
N = No
U = Unknown

If Yes, Debrided How Soon After Injury?
1 = < 6 Hours 5 = 10-14 Days
2 = 7-23 Hours 6 = 15+ Days
3 = 1-4 Days 9 = Unknown
4 = 5-9 Days

Tetanus Immune Globulin (TIG) Prophylaxis Received Before Tetanus Onset?
Y = Yes
N = No
U = Unknown

If Yes, TIG Given How Soon After Injury?
1 = < 6 Hours 5 = 10-14 Days
2 = 7-23 Hours 6 = 15+ Days
3 = 1-4 Days 9 = Unknown
4 = 5-9 Days

Dosage (Units)
0-998
999 = Unknown

Associated Condition (If no Acute Injury)
1 = Abscess 6 = Other Infection
2 = Ulcer 7 = Cancer
3 = Blister 8 = Gingivitis
4 = Gangrene 88 = None
5 = Cellulitis 99 = Unknown

Describe Condition:

Diabetes?
Y = Yes
N = No
U = Unknown

If Yes, Insulin-Dependent?
Y = Yes
N = No
U = Unknown

Parenteral Drug Abuse?
Y = Yes
N = No
U = Unknown

Describe Condition:

CLINICAL COURSE

Type of Tetanus Disease
1 = Generalized
2 = Localized
3 = Cephalic
4 = Unknown

TIG Therapy Given?
Y = Yes
N = No
U = Unknown

If Yes, How Soon After Illness Onset?
1 = < 6 Hours 5 = 10-14 Days
2 = 7-23 Hours 6 = 15+ Days
3 = 1-4 Days 9 = Unknown
4 = 5-9 Days

Dosage (Units)
0-998
999 = Unknown

Days Hospitalized
0-998
999 = Unknown

Days in ICU
0-998
999 = Unknown

Days Received Mechanical Ventilation
0-998
999 = Unknown

Outcome One Month After Onset?
R = Recovered
C = Convalescing
D = Died

If Died, Date Expired — Month, Day, Year

Page 1 of 2

Tetanus Surveillance Worksheet

NAME (Last, First)				Hospital Record No.	
Address (Street and No.)	City	County	Zip		Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab	Address				Phone

-- **DETACH HERE and transmit only lower portion if sent to CDC** --

Tetanus Surveillance Worksheet

NEONATAL (< 28 DAYS OLD)

Mother's Age in Years

☐☐   99 = Unknown

Mother's Birthdate

☐☐ ☐☐ ☐☐
Month   Day   Year

Date Mother's Arrival in U.S.

☐☐ ☐☐ ☐☐
Month   Day   Year

Mother's Tetanus Toxoid (TT) History PRIOR to Child's Disease (Known Doses Only)

☐   0 = Never   3 = 3 doses
1 = 1 dose   4 = 4 + doses
2 = 2 doses   9 = Unknown

Years Since Mother's Last Dose

☐☐   0 - 98
99 = Unknown

Child's Birthplace

☐   1 = Hospital
2 = Home
3 = Other
9 = Unknown

Birth Attendant(s)

☐   1 = Physician   4 = Unlicensed Midwife
2 = Nurse   5 = Other
3 = Licensed Midwife   9 = Unknown

Other Birth Attendant(s) (If Not Previously Listed)

Other Comments?

☐   Y = Yes
N = No
U = Unknown

Reporter's Name

Title

Institution Name	Phone Number	Date Reported
	☐☐☐-☐☐☐☐-☐☐☐☐	☐☐ ☐☐ ☐☐ Month Day Year

Clinical Case Definition*:
Acute onset of hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms without other apparent medical cause.

Case Classification*:
Confirmed: A clinically compatible case, as reported by a health-care professional.

Notes/Other Information:

***CDC. Case Definitions for Infectious Conditions Under Public He alth Surveillance. MMWR1997;46(No. RR-10):39.**

PLEASE SEND COMPLETED FORM TO:
Department of Health Services, Surveillance and Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320

Page 2 of 2

TETANUS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		

TETANUS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
PATIENT DEMOGRAPHICS				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days	If not null, prompt for AGE	
Case age	AGE	Num		If not null, prompt for AGETYPE	Filled in by LHD
Calculated Age (at onset)	AGECALC	Num		Calculated Variable: SYMP_ON - BIRTHDAT	Calculated automatically
Case gender	GENDER	C1	M=Male,F=Female		
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		
Case race (check all that apply)				check all that apply, new coding different from NETSS and AVSS	

TETANUS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
Occupation (choose all that apply)					
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Country of Birth	B_CNTRY	C15	Free Text		
Country of Residence	R_CNTRY	C15	Free Text		
HISTORY					Separate tab for this section
Date of Onset	SYMP_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Occupation	OCCUP	C25	Free Text		Redundant question from CMR -- we would like to auto-populate from CMR if possible.
History of military service?	MILITARY	C1	Y=Yes, N=No, U=Unknown	If "Y" then prompt for YRENTRY	
Year of entry into military service	YRENTRY	C4	Free Text		
Tetanus toxoid (TT) history prior to tetanus disease	TTHIST	Num	0 = Never, 1 = 1 dose, 2 = 2 doses, 3 = 3 doses, 4 = 4+doses, 9 = Unknown	If 1, 2, 3, or 4, then prompt for YRSSINCE, else skip to ACUTEWOU	
Years since last TT dose	YRSSINCE	Num			
CLINICAL DATA					Separate tab for this section
Acute Wound?	ACUTEWOU	C1	Y=Yes, N=No, U=Unknown	If "Y" then prompt for WOUNDDAT through TISSUE, else skip to MEDCARE	
Date of Wound	WOUNDDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR Data Dictionary Tetanus Mumps Varicella Deaths Polio CRS Page 3 of 6

Polio CRS

132

Created by SIRE Section (CaDHS IZ Branch)

TETANUS FORM for WebCMR

VARIABLES	Name	Type/Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Anatomic Site	ANATOMIC	C1	1=Head, 2 = Trunk, 3 = Upper Extremity, 4 = Lower Extremity, 9 = Unspecified or Unknown		
Work-Related?	WORKRELA	C1	Y=Yes, N=No, U=Unknown		
Environment	ENVIRONM	C1	1 = Home, 2 = Other Indoors, 3 = Farm/Yard, 4 = Automobile, 5 = Other Outdoors, 9 = Unknown		
Circumstances	CIRCUMST	C25	Free Text		
Principal wound type	WOUNDTYP	C2	1 = Puncture, 2 = Stellate Laceration, 3 = Linear Laceration, 4 = Crush, 5 = Abrasion, 6 = Avulsion, 7 = Burn, 8 = Frostbite, 9 = Compound Fracture, 10 = Other, 11 = Surgery, 12 = Animal bite, 13 = Insect bite/sting, 14 = Dental, 15 = Tissue Necrosis, 99 = Unknown		
Wound contaminated?	CONTAM	C1	Y=Yes, N=No, U=Unknown		
Depth of wound	DEPTHWOU	C1	1 = 1 cm or less, 2 = More than 1cm, 9 = Unknown		
Signs of infection?	INFECT	C1	Y=Yes, N=No, U=Unknown		
Devitalized, ischemic or denervated tissue present?	TISSUE	C1	Y=Yes, N=No, U=Unknown		
MEDICAL CARE PRIOR TO ONSET					Separate tab for this section
Medical care obtained for acute injury before tetanus onset?	MEDCARE	C1	Y=Yes, N=No, U=Unknown	If "Y", prompt for TTADMIN - DOSAGE, else skip to ASSOCCON	
Tetanus toxoid (TT) or Td administered before tetanus onset?	TTADMIN	C1	Y=Yes, N=No, U=Unknown	If "Y" prompt for TTTIME, else skip to WOUNDDEB	
If yes, TT or Td given how soon after injury?	TTTIME	C1	1 = < 6 hrs, 2 = 7-23 hrs, 3 = 1-4 days, 4 = 5-9 days, 5 = 10-14 days, 6 = 15+ days, 9 = Unknown		
Wound debrided before tetanus onset?	WOUNDDEB	C1	Y=Yes, N=No, U=Unknown	If "Y" prompt for DEBTIME, else skip to TIGPROPH	
If yes, debrided how soon after injury?	DEBRTIME	C1	1 = < 6 hrs, 2 = 7-23 hrs, 3 = 1-4 days, 4 = 5-9 days, 5 = 10-14 days, 6 = 15+ days, 9 = Unknown		
TIG prophylaxis received before tetanus onset?	TIGPROPH	C1	Y=Yes, N=No, U=Unknown	If "Y" prompt for TIGTIME and DOSAGE, else skip to ASSOCCON	
If yes, TIG given how soon after injury?	TIGTIME	C1	1 = < 6 hrs, 2 = 7-23 hrs, 3 = 1-4 days, 4 = 5-9 days, 5 = 10-14 days, 6 = 15+ days, 9 = Unknown		
TIG Dosage after injury?	DOSAGE	Num	999=Unknown		
Associated condition (if no acute injury)	ASSOCCON	C1	1 = Abcess, 2 = Ulcer, 3 = Blister, 4 = Gangrene, 5 = Cellulitis, 6 = Other infection, 7 = Cancer, 8 = Gingivitis, 9 = Unknown	If "9" then prompt for DESCRIBE	
Describe condition	DESCRIBE	C25	Free Text		
Diabetes?	DIABETES	C1	Y=Yes, N=No, U=Unknown	If "Y" prompt for INSULIN, else skip to DRUGABUS	
If yes, insulin-dependent?	INSULIN	C1	Y=Yes, N=No, U=Unknown		

TETANUS FORM for WebCMR

VARIABLES	Name	Type/Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Parenteral drug abuse (Injecting drug use)?	DRUGABUS	C1	Y=Yes, N=No, U=Unknown	If "Y" prompt for DESCR, else skip to TYPEDIS	
Describe drug use	DESCR	C20	Free Text		
CLINICAL COURSE (Care after onset)					Separate tab for this section
Type of tetanus disease	TYPEDIS	C1	1 = Generalized, 2 = Localized, 3 = Cephalic, 9 = Unknown		
TIG Therapy given?	TIGTHERA	C1	Y=Yes, N=No, U=Unknown	If "Y", prompt for AFTERONS and TDOSAGE else skip to HOSPITAL	
If yes, how soon after tetanus onset?	AFTERONS	C1	1 = < 6 hrs, 2 = 7-23 hrs, 3 = 1-4 days, 4 = 5-9 days, 6 = 15+ days, 9 = Unknown		
TIG Dosage after tetanus onset?	TDOSAGE	Num			
Hospitalized	HOSPITAL	C1	Y=Yes, N=No, U=Unknown	if HOSPITAL="Y" then prompt for DAYSHOSP through VENTILAT, else skip to OUTCOME	This question is not on the paper form, but is included on the electronic version for clarity
Hospital Record Number	HOSPNUM	C15	Free Text		Note: this variable is in top right-hand corner of paper form, near name and demographic info
Days hospitalized	DAYSHOSP	Num	999=Unknown	if greater than 7 days prompt for confirmation	
Days in ICU	DAYSICU	Num	999=Unknown		
Days received mechanical ventilation	VENTILAT	Num	999=Unknown		
Outcome one month after onset?	OUTCOME	C1	R = Recovered, C = Convalescing, D = Died	If "D" then prompt for DEATHDAT	
If died, date of death	DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	In NETSS, this is DATEEXP
NEONATAL CASE					Separate tab for this section
Mother's Age in Years	MOTHAGE	Num			
Mother's Birthdate	MBIRTH	Num Date	MMDDCCYY	before BIRTHDAT	
Date of mother's arrival in U.S.	MARRIVAL	Num Date	MMDDCCYY	on or after MBIRTH	
Mother's tetanus toxoid (TT) history PRIOR to child's disease	MTTHIST	C1	0 = Never, 1 = 1 dose, 2 = 2 doses, 3 = 3 doses, 4 = 4+doses, 9 = Unknown	If 1, 2, 3, or 4, then prompt for LASTDOSE else skip to BIRTHPLA	
Years since mother's last dose	LASTDOSE	Num			
Child's birthplace	BIRTHPLA	C1	1= Hospital, 2 = Home, 3 = Other, 9 = Unknown		
Birth Attendants	BIRTHATT	C1	1 = Physician, 2 = Nurse, 3 = Licensed Midwife, 4 = Unlicensed Midwife, 5 = Other, 9 = Unknown		
Other Birth Attendants	OTHER	C20	Free Text		
COMMENTS					Separate tab for this section
Other Comments?	OTHCOM	C1	Y=Yes, N=No, U=Unknown	If "Y" prompt for COMMENTS else skip to LHD_CASESTAT	
Comments	COMMENTS	C200	Free Text		
LHD INTERNAL TRACKING, SPECIFIC					Separate tab for this section; not on form but may be useful for classification
LHD Case Classification per CDC/CSTE case definition	LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only

TETANUS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
State (IZ Branch) Case Classification	IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_LABCONF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch
ATTACHMENTS/LINKS					Separate tab for this section
Tetanus Injecting Drug User Supplemental Form					This form has a separate data dictionary in development
Quicksheet					2-page summary of essential disease protocols - in development?

California Department of Health Services
Surveillance and Statistics Section
MS 7306, P.O. Box 997413
Sacramento, CA 95899-7413

Report Status (check one)
☐Preliminary ☐Final

OTHER OUTBREAK
REPORT FORM

OUTBREAK INFORMATION

Outbreak Classification ☐Confirmed ☐Probable ☐Suspect	*Total Number of Cases* _____	*Number Lab-confirmed Cases* _____	*Number of Clinical Cases* _____
Pathogen Identified? ☐Yes ☐No ☐Unk If yes specify:	*Describe clinical case definition or clinical syndrome under investigation:*		
Outbreak Tracking Number _____	*First Onset* _____/_____/____	*Last Onset* _____/_____/____	

CONGREGATE SETTING INFORMATION

Setting Type (check all settings where illnesses occurred)

☐Skilled nursing facility ☐Residential care facility** ☐Independent living facility** ☐Assisted living facility** ☐Acute care hospital

☐Other hospital** ☐Dormitory** ☐Jail ☐Military facility ☐Camp

☐Cruise ship ☐Prison ☐Shelter** ☐Other**

**Describe _____

COMMUNITY SETTING INFORMATION

Setting type (check all settings where illnesses occurred)

☐Child day care/pre-school ☐Primary school (K-5) ☐Middle/High School (6-12) ☐College non-dormitory

☐General community ☐Adult day care ☐Other

If setting type is general community or other, please briefly describe setting, population at risk, area/location of cases, and attack rates, as applicable

Facility Name	*Primary Contact Name*	*Telephone Number* ( )
Facility-Address	*City*	*State*	*County*	*Zip Code*

DEMOGRAPHIC INFORMATION

Age Range: _____ to _____	*Median Age*:____	*Gender*: Male-Number Ill:___ Total Males:___ Female-Number Ill:____ Total Females:___

CLINICAL INFORMATION

Signs and Symptoms	*Number of Patients (A)*	*Number Assessed (B)*	*Percentage (A/B * 100)*
			Highest Temperature Recorded_____ ☐F ☐C
Number Hospitalized_____	*Number Died_____*		

DHS # (revised 03/07)

Page 1 of 3

Please provide additional information on deaths if available **(OPTIONAL)**

Patient ID	Age	Date of Death	Location of Death	Death Associated with this Outbreak
		____/____/_____	□Hospital □Facility □Other: _____	□Yes □No □Unk
		____/____/_____	□Hospital □Facility □Other: _____	□Yes □No □Unk
		____/____/_____	□Hospital □Facility □Other: _____	□Yes □No □Unk
		____/____/_____	□Hospital □Facility □Other: _____	□Yes □No □Unk

LABORATORY INFORMATION

Type of Specimen	Type of Test	Number Tested	Number Positive	Pathogen Identified	Date(s) of Specimen Collection		Laboratory Name/Phone
					Earliest	*Latest*	
					__/__/__	__/__/__	
					__/__/__	__/__/__	
					__/__/__	__/__/__	
					__/__/__	__/__/__	

EPIDEMIOLOGY AND EXPOSURE INFORMATION

Total Number of People with Exposure Information_____

Exposure	Number of People Exposed Answer all that Apply	Describe:
	Yes _____ No _____ Unk_____	
	Yes _____ No _____ Unk_____	
	Yes _____ No _____ Unk_____	

ATTACK RATES BY POPULATION AND LOCATION

Population (describe e.g., students, staff, etc.)	Number Ill (A)	Census (B)	Attack Rate (A/B)

Facility location-specific attack rates **(OPTIONAL)**

Unit	Floor	Building	Number Ill(A)	Census or Beds(B)	Attack Rate(A/B)
Total in Facility_____	*Total in Facility_____*	*Total in Facility_____*			

ADDITIONAL INFORMATION

Comments / Remarks:

Attachments / Reports:

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number* ( )
Facility Report Date	*Date Investigation Closed*	*Date Submitted to State*

CASE DEFINITION (CDHS 2007)

Outbreak definition
      Confirmed: 2 or more laboratory confirmed cases
      Probable: 2 or more clinical cases one of which is laboratory confirmed
      Suspect: 2 or more clinical cases

State of California—Health and Human Services Agency

Department of Health Services
DCDC Immunization Branch
Building P, 2nd Floor
850 Marina Bay Parkway
Richmond, CA 949804-6403

VARICELLA (CHICKEN POX) CASE REPORT
Note: For Varicella deaths, please use CDC Varicella death work sheet.

PATIENT DEMOGRAPHICS

Patient name—last   first   middle initial | Date of birth ____ / ____ / _____ | Age (enter age and check one) _____ ☐ Days ☐ Weeks ☐ Months ☐ Years | Gender ☐ Male ☐ Female

Address (number, street) | City | State | ZIP code | County

ETHNICITY (check one)   ☐ Hispanic or Latino   ☐ Not Hispanic or Latino   ☐ Unknown

RACE (check all that apply)

☐ Unknown
☐ African-American or Black
☐ American Indian or Alaska Native
☐ White
☐ Other: _____

☐ Asian
  ☐ Asian Indian
  ☐ Cambodian
  ☐ Chinese
  ☐ Filipino

☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian

☐ Thai
☐ Vietnamese
☐ Other Asian: _____

☐ Native Hawaiian or Other Pacific Islander
  ☐ Native Hawaiian
  ☐ Guamanian
  ☐ Samoan
  ☐ Other Pacific Islander: _____

Occupation (check all that apply)

☐ Food service   ☐ Health care   ☐ Day care   ☐ School   ☐ Correctional facility   ☐ Other: _____

Country of birth | Country of residence

COMMON LHD TRACKING DATA

CMRID number | IZB Case ID number | Web CMR ID number

Date reported to county ____ / ____ / _____ | Date investigation started ____ / ____ / _____ | Person/clinician reporting case | Reporter telephone ( )

Case investigator completing form | Investigator telephone ( ) | Investigator's LHD or jurisdiction

SIGNS AND SYMPTOMS

Maculopapular rash ☐ Yes ☐ No ☐ Unknown | Rash onset date ____ / ____ / _____ | Generalized rash ☐ Yes ☐ No ☐ Unknown | Direction of spread

Other symptoms ☐ Yes ☐ No ☐ Unknown | Describe other symptoms | Date of diagnosis ____/____/_____

Does case meet clinical criteria for further investigation ☐ Yes ☐ No ☐ Unknown | **CASE MEETS CDC/CSTE CLINICAL CRITERIA?** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized ☐ Yes ☐ No ☐ Unknown | Number of days hospitalized | Pneumonia ☐ Yes ☐ No ☐ Unknown | Cerebellar ataxia ☐ Yes ☐ No ☐ Unknown | Encephalitis ☐ Yes ☐ No ☐ Unknown | Death ☐ Yes ☐ No ☐ Unknown

Other complications ☐ Yes ☐ No ☐ Unknown | Describe other complications | Date of death ____/____/_____

LABORATORY TESTS

Any lab tests done for varicella? ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR LHD USE)* ☐ Yes ☐ No ☐ Unknown | **CASE LAB CONFIRMED** *(FOR STATE USE ONLY)* ☐ Yes ☐ No ☐ Unknown

DFA performed ☐ Yes ☐ No ☐ Unknown | DFA specimen date ____/____/_____ | DFA result ☐ P ☐ N ☐ I ☐ E ☐ X ☐ U

PCR performed ☐ Yes ☐ No ☐ Unknown | PCR specimen date ____/____/_____ | PCR result ☐ P ☐ N ☐ I ☐ E ☐ X ☐ U

Virus isolation performed ☐ Yes ☐ No ☐ Unknown | Virus specimen date ____/____/_____ | Virus isolated ☐ Yes ☐ No ☐ Unknown | Name of Lab: _____

Specimen sent to CDC for genotyping ☐ Yes ☐ No ☐ Unknown | Date sent for genotyping ____/____/_____ | Virus genotype

Specimen sent to CDC for strain typing ☐ Yes ☐ No ☐ Unknown | Date sent for strain typing ____/____/_____ | Strain type ☐ Wild-type ☐ Vaccine-type

LAB RESULT CODES

P = Positive (evidence of recent or current infection)
N = Negative (antibody not detected)
I = Indeterminate
E = Pending
X = Not done
U = Unknown
Z = Infection at undetermined time or immunization

Serology performed ☐ Yes ☐ No ☐ Unknown

	Specimen Date	Titer Result	Test Reference Index	Result Interpretation
IgM	___/___/_____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (acute)	___/___/_____			
IgG (convalescent)	___/___/_____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U ☐ Z

Other lab tests completed ☐ Yes ☐ No ☐ Unknown | Specify lab tests | Other lab test results

DHS 8299 (10/05)

Page 1 of 2

VACCINATION/MEDICAL HISTORY

Received one or more doses of varicella containing vaccine

☐ Yes ☐ No ☐ Unknown

Number of doses

Dates of vaccination

Dose 1: _____/_____/_____   Dose 2: _____/_____/_____

Reason for not being vaccinated (check one):

1 ☐ Personal Beliefs Exemption (PBE)
2 ☐ Permanent Medical Exemption (PME)
3 ☐ Temporary Medical Exemption

4 ☐ Lab confirmation of previous disease
5 ☐ MD Diagnosis of previous disease
6 ☐ Underage for vaccination

7 ☐ Delay in starting series or between doses
8 ☐ Other
9 ☐ Unknown

Prior MD diagnosed varicella (see reason #5 above)

☐ Yes ☐ No ☐ Unknown

Pregnant

☐ Yes ☐ No ☐ Unknown

Immunocompromised

☐ Yes ☐ No ☐ Unknown

EXPOSURE/TRAVEL HISTORY

Acquisition setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office

4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic

7 ☐ Home
8 ☐ Work
9 ☐ Unknown

10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility

13 ☐ Church
14 ☐ International travel
15 ☐ Other

Close contact with person(s) with rash 14–21 days before rash onset?   ☐ Yes   ☐ No   ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)	Same Household
1					☐ Yes ☐ No ☐ Unknown
2					☐ Yes ☐ No ☐ Unknown
3					☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a confirmed or probable case?

☐ Yes ☐ No ☐ Unknown

Case name or Case ID

Outbreak related

☐ Yes ☐ No ☐ Unknown

Outbreak name or location

CONTACT INVESTIGATION

Spread setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office

4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic

7 ☐ Home
8 ☐ Work
9 ☐ Unknown

10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility

13 ☐ Church
14 ☐ International travel
15 ☐ Other

Number of susceptible contacts

Number of susceptible contacts who are pregnant

Close contacts who have rash 14–21 days after exposure to case

☐ Yes ☐ No ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)
1				
2				
3				

Please list other contact(s) on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION (FOR LHD USE)

☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case   ☐ Unknown

CASE CLASSIFICATION (FOR STATE USE ONLY)

☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Not a case   ☐ Unknown

VARICELLA CASE CLASSIFICATION

Clinical Case Definition: An illness with acute onset of diffuse (generalized) papulovesicular rash without other apparent cause. Note: In vaccinated persons who develop varicella more than 42 days after vaccination (breakthrough disease), the disease is almost always mild with fewer than 50 skin lesions and shorter duration of illness. The rash may also be typical in appearance (maculopapular with few or no vesicles).

Case Classification:
Probable: A case that meets the clinical case definition is not laboratory confirmed, and is not epidemiologically linked to another probable or confirmed case.
Confirmed: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed or probable case. Note: Two probable cases that are epidemiologically linked are considered confirmed cases.

VARICELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
SIGNS AND SYMPTOMS	Assess if case meets minimum clinical criteria for further investigation					**New Tab for following section**
Maculopapular rash		RASH	C1	Y=Yes, N=No, U=Unknown	If RASH="Y", then prompt for RASH_ON thru RASHSPRD; else skip to SYMP_OTH	**New subsection for this & following variables - called "RASH"**
Rash onset date		RASH_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Generalized Rash?		GENERAL	C1	Y=Yes, N=No, U=Unknown		
Direction of spread		RASHSPRD	C25	Free Text		
Other Symptoms		SYMP_OTH	C1	Y=Yes, N=No, U=Unknown	if ="Y" then prompt for SCOMMENT, else skip to DATE_DX	**New subsection for this & following variables - called "OTHER SYMPTOMS"**
If yes, describe other symptoms		SCOMMENT	C120	Free Text		
Date of Diagnosis		DATE_DX	Num Date	MMDDCCYY	on or after BIRTHDAT	
Does case meet clinical criteria for further investigation? - LHD Classification		CLINCRIT	C1	Y=Yes, N=No, U=Unknown		**New subsection for this & following variables - called "Clinical Criteria Met" -- For** LHD **use only**
Case meets CDC/CSTE clinical case definition for measles? IZ Branch Classification		IZB_CLINDEF	C1	Y=Yes, N=No, U=Unknown	Only = "Y" if RASH = "Y" and GENERAL = "Y"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
OTHER SX/COMPLICATIONS	Assess Severity of Case					**New Tab for following section**
Hospitalized		HOSPITAL	C1	Y=Yes, N=No, U=Unknown	if HOSPITAL="Y" then prompt for DAYSHOSP, else skip to PNEUMON	
Days hospitalized		DAYSHOSP	Num		if greater than 7 days prompt for confirmation	
Pneumonia		PNEUMON	C1	Y=Yes, N=No, U=Unknown		
Cerebellar ataxia		CERATAX	C1	Y=Yes, N=No, U=Unknown		
Encephalitis		ENCEPHAL	C1	Y=Yes, N=No, U=Unknown		
Death		DEATH	C1	Y=Yes, N=No, U=Unknown		
Date of death		DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
Other complications		COMP_OTH	C1	Y=Yes, N=No, U=Unknown	if 'Y' then prompt for CCOMMENT	
Describe other complications		CCOMMENT	C120	Free Text		
LAB TESTS	Confirm Case or Rule it out					**New Tab for following section**
Any lab test done for varicella		LABTEST	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for DFATEST thru OLABRES, else skip to VACCINE/MEDICAL HISTORY section	
Case lab confirmed - - LHD Classification		LHD_LABCONF	C1	Y=Yes, N=No, U=Unknown		For LHD use only
Case lab confirmed - IZ Branch Classification		IZB_LABCONF	C1	Y=Yes, N=No, U=Unknown	Only "Y" if DFARES = "P" or PCRRES = "P" or "CULRES" = "P" or IGGPAIRED = "P"	variable visible to all, but assigned and modfied by IZ Branch - **additional requirement -- see "Variables for IZ Br Only" tab**
DFA		DFATEST	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for prompt for DFADAT through DFARES, else skip to PCRTEST	**New subsection for this & following variables - called "DFA"**
DFA specimen date		DFADATE	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
DFA result		DFARES	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
PCR		PCRTEST	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for prompt for PCRDAT through PCRRES, else skip to VRUSSPEC	**New subsection for this & following variables - called "PCR"**
PCR specimen date		PCRDATE	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
PCR Result		PCRRES	C1	P=Varicella virus detected, N =Varicella Virus not detected, I=Indeterminate, E=Pending, X=Not Done, U=Unknown, O= Other		
Specimen Taken for Virus Isolation (Virus Culture)		VRUSSPEC	C1	Y=Yes, N=No, U=Unknown	If "Y" then prompt for DATEVRUS thru CDCSPEC, else skip to BLOOD	**New subsection for this & following variables - called "Viral Culture"**
Virus Culture Specimen Date		DATEVRUS	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	

VARICELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Virus Isolated from Culture?		VRUSISOL	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
Specimen forwarded to CDC for virus genotyping?		CDCSPEC	C1	Y=Yes, N=No, U=Unknown	If CDCSPEC = "Y" then prompt for VRUSDATE thru VRUSGENO, else skip to BLOOD	
Date specimen sent for genotyping		VRUSDATE	Num date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Virus Genotype		VRUSGENO	C3	Free Text		
Specimen forwarded to CDC for strain-typing (wild vs vacine-type) ?		STRAINID	C1	Y=Yes, N=No, U=Unknown	If STRAINID = "Y" then prompt for STRAINRES	
Strain-typing result		STRAINRES	C1	1 = wild-type, 2 = vaccine-type		
Serology performed		BLOOD	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DATEIGM thru IGGPAIRED, else skip to OTHERLAB	
IgM specimen date		DATEIGM1	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	**New subsection for this & following variables - called "IgM Testing"**
IgM titer result		IGMTITER1	Num			
IgM test reference index		IGMINDEX1	Num			
IgM result interpretation		IGMRES1	C1	P=Evidence of recent or current infection (Positive), N =Antibody not detected (Negative), I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
IgG acute specimen date		DATEIGGA	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	**New subsection for this & following variables - called "IgG Testing"**
IgG acute titer result		IGGATITER	Num			
IgG acute test reference index		IGGAINDEX	Num			
IgG convalescent specimen date		DATEIGGC	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgG convalescent titer result		IGGCTITER	Num			
IgG convalescent test reference index		IGGCINDEX	Num			
IgG result interpretation		IGGPAIRED	C1	P=Evidence of recent or current infection (Positive), N =antibody not detected (Negative), Z = Infection at undetermined time or Immunization, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
Other Lab Test Completed?		OTHERLAB	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for OLABSPEC and OLABRES, else skip to VACCINE/MEDICAL HISTORY section	**New subsection for this & following variables - called "Other Lab Testing"**
Specify Other Lab Test		OLABSPEC	C25	Tzanck Smear, Electronmicroscopy, or free text		
Other Lab Test Result		OLABRES	C20	Free Text		
VACCINATION/ DISEASE HISTORY	Assess history of the case					**New Tab for following section**
Received one or more doses of varicella containing vaccine		VACCINE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for NUMDOSES thru VACDATE2; if = "N" then prompt for REASON	
Number of doses		NUMDOSES	C1	0 - 2		
Varicella vaccination date - varicella-containing vaccine 1		VACDATE1	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=1	
Varicella vaccination date - varicella-containing vaccine 2		VACDATE2	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=2	
Reason for not being vaccinated		REASON	C1	1=Personal Beliefs Exemption (PBE), 2=Permanent Medical Exemption (PME), 3=Temporary Medical Exemption, 4=Lab Confirmation of previous disease, 5=MD Dx of previous disease, 6=Under Age for vaccination, 7=Delay in starting series or between doses, 8=Other, 9=Unknown		
Prior MD diagnosed varicella		PRIOR_DX	C1	Y=Yes, N=No, U=Unknown		
Pregnant		PREGNANT	C1	Y=Yes, N=No, U=Unknown		

VARICELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Immunocompromised		IMMUNO	C1	Y=Yes, N=No, U=Unknown		
EXPOSURE HISTORY	Assess possible sources of infection					**New Tab for following section**
Acquisition setting					check all that apply	**New subsection for this & following variables - called "Acquisition"**
Unknown		A_UNKNOWN	C1	1=Unknown	if 1, skip to TRAVEL	
Day Care		A_DAYCARE	C1	1=Day Care		
School		A_SCHOOL	C1	1=School		
Doctors Office		A_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		A_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		A_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		A_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		A_HOME	C1	1=Home		
Work		A_WORK	C1	1=Work		
College		A_COLLEGE	C1	1=College		
Military		A_MILITARY	C1	1=Military		
Correctional Facility		A_CORRFAC	C1	1=Correctional Facility		
Church		A_CHURCH	C1	1=Church		
International Travel		A_INTERNAT	C1	1=International Travel		
Other		A_OTHER	C1	1=Other		
Close contact with person(s) with rash 14-21 days before rash onset		SRC_CON	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for SCNAME1 thru SCHH1, else skip to EPILINK	**New subsection for this single variable - called "Source Contact"**
Name of contact		SCNAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (SCNAME1 to SCHH1).....(SCNAME3 to SCHH3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (SCNAME1 to SCHH1).....(SCNAMEn to SCHHn)]?
Rash onset date of contact		SCRASH1	Num date	MMDDCCYY		will not be forwarded to NETSS
Relationship of contact		SCRELAT1	C25	Free Text		will not be forwarded to NETSS
Age of contact in years		SCAGE1	Num	0-100, 0 indicating under 1 year		**Range = 0-100; will not be forwarded to NETSS**
Was contact in same household		SCHH1	C1	Y=Yes, N=No, U=Unknown		will not be forwarded to NETSS
Epi-linked to another confirmed or probable case		EPILINK	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for EPI_NAME	**New subsection for this & following variables - called "Epi-linked"**
Name or CASEID of that case		EPI_NAME	C35	Free Text		will not be forwarded to NETSS
Outbreak related		OUTBREL	C1	Y=Yes, N=No, U=Unknown	if ='Y' then prompt for OUTBNAME	**New subsection for this & following variables - called "Outbreak Related" --**
If yes, outbreak name or location		OUTBNAME	C15	Free Text		
CONTACT INVESTIGATION	Gather information on contacts -- needed to control spread of disease. Using the Contact Tracing Worksheet highly recommended.					**New Tab for following section**
Spread setting - list of settings					check all that apply	**New subsection for this & following variables - called "Spread Setting"**
Unknown		S_UNKNOWN	C1	1=Unknown	if 1, skip to SUSCEPT	
Day Care		S_DAYCARE	C1	1=Day Care		
School		S_SCHOOL	C1	1=School		
Doctors Office		S_DOCOFFICE	C1	1=Doctors Office		
Hospital Ward		S_HOSPWARD	C1	1=Hospital Ward		
Hospital ER		S_HOSP_ER	C1	1=Hospital ER		
Outpatient Hospital Clinic		S_OUTPT	C1	1=Outpatient Hospital Clinic		
Home		S_HOME	C1	1=Home		
Work		S_WORK	C1	1=Work		
College		S_COLLEGE	C1	1=College		
Military		S_MILITARY	C1	1=Military		
Correctional Facility		S_CORRFAC	C1	1=Correctional Facility		
Church		S_CHURCH	C1	1=Church		

VARICELLA FORM for WebCMR

VARIABLES	Work Flow Task (not necs'ly done in this order)	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
International Travel		S_INTERNAT	C1	1=International Travel		
Other		S_OTHER	C1	1=Other		
Number of susceptible contacts (no history of disease or vaccination)		SUSCEPT	NUM		If > 0 then remind with message to complete contact tracing worksheet	Can ITI issue a reminder during data entry? - **additional requirement**
Number of susceptible contacts who are pregnant women		PREGCONT	NUM			
Close contact(s) who have rash 14-21 days after exposure to case during case's infectious period		CONTACT	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for C_RASH1 through C_AGE1, else finish	**New subsection for this single variable - called "Exposure Contact"**
Name of Close Contact 1 with rash		C_NAME1	C35	Free Text		This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (C_NAME1 to C_AGE1).....(C_NAME3 to C_AGE3)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C_NAME1 to C_AGE1).....(C_NAME*n* to C_AGE*n*)]?
Rash onset date of Close Contact 1		C_RASH1	Num Date	MMDDCCYY	on or after BIRTHDAT	**will not be forwarded to NETSS**
Close Contact 1 relationship to case		C_RELAT1	C25	Free Text		**Range = 0-100; will not be forwarded to NETSS**
Close Contact 1 age in years		C_AGE1	Num	0-100, zero indicating under 1 year		**Range 0-100; will not be forwarded to NETSS**
LHD INTERNAL TRACKING, DISEASE SPECIFIC						**On the LHD Internal Tracking Tab**
LHD Case Classification per CDC/CSTE case definition		LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		For LHD use only
State (IZ Branch) Case Classification		IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	variable visible to all, but assigned and modfied by IZ Branch - additional requirement -- see "Variables for IZ Br Only" tab
ATTACHMENTS/LINKS	Supplemental forms - Put in Forms Tab					**New Tab for following section**
Contact spread sheet						
School vaccination audit						
Time line for determining exposure and infectious period dates	Estimate important dates based on RASH_ON ... exposure, incubation, infectious period (prodrome, rash), and convalescence					
Quicksheet						2-page summary of essential disease protocols
Other Outbreak/Other Reportable Disease Form (DHS 8554)						
Indications for prophylaxis - LINK						

For Local Use Only

VARICELLA SURVEILLANCE WORKSHEET

Voluntary Reporting

Name _____   State Case I.D. Number _____
        LAST / FIRST / MIDDLE

Current _____   Reporting Physician/ _____
Address   NUMBER / STREET / APT. NUMBER   Nurse/Hospital/
                                   Clinic/Lab

   CITY / COUNTY / STATE   ZIP CODE   ADDRESS

Telephone: Home_____ Work_____   Telephone Number _____
       AREA CODE + 7 DIGITS   AREA CODE + 7 DIGITS   AREA CODE + 7 DIGITS

Detach here — Transmit only lower portion if sent to CDC

Please send directly to: California DHS, Immunization Branch, 2151 Berkeley Way, Rm 712, Berkeley, CA 94704

VARICELLA SURVEILLANCE WORKSHEET

Reported by: **State** _____   **County** _____

1. **Date of Birth** ☐☐ ☐☐ ☐☐☐☐
              MONTH DAY   YEAR

2. **Current Age** ☐☐☐

3. **Age Type** ☐ Years   ☐ Days   ☐ Hours
            ☐ Months ☐ Weeks ☐ Unknown

4. **Current Sex** ☐ Male   ☐ Female   ☐ Unknown

5. **Ethnicity** ☐ Hispanic ☐ Not Hispanic ☐ Unknown

6. **Race** ☐ American Indian or Alaska Native
       ☐ Asian
       ☐ Black or African-American
       ☐ Native Hawaiian or Other Pacific Islander
       ☐ White
       ☐ Unknown

REPORTING SOURCE

7. **Date of Report** ☐☐ ☐☐ ☐☐☐☐
             MONTH DAY   YEAR

8. **Earliest Date Reported to County** ☐☐ ☐☐ ☐☐☐☐
             MONTH DAY   YEAR

9. **Earliest Date Reported to State** ☐☐ ☐☐ ☐☐☐☐
             MONTH DAY   YEAR

CLINICAL   Y=Yes   N=No   U=Unknown

10. **Was the patient hospitalized for this illness? If "yes":** ☐ Y ☐ N ☐ U

    Admission Date ☐☐ ☐☐ ☐☐☐☐
              MONTH DAY   YEAR

    Discharge Date ☐☐ ☐☐ ☐☐☐☐
              MONTH DAY   YEAR

    Total duration of stay in the hospital: _____ Days

    Hospital Information NAME _____

CONDITION

11. **Diagnosis Date** ☐☐ ☐☐ ☐☐☐☐
             MONTH DAY   YEAR

12. **Illness Onset Date** ☐☐ ☐☐ ☐☐☐☐
             MONTH DAY   YEAR

SIGNS/SYMPTOMS

13. **Rash Onset Date** ☐☐ ☐☐ ☐☐☐☐
             MONTH DAY   YEAR

14. **How Did Rash Start?** ☐ Generalized
              ☐ Localized/Dermatomal
              ☐ Unknown

15. **How many lesions were there in total?**
    ☐ Mild (less than 50 lesions)
    ☐ Moderate (50 to 500 lesions)
    ☐ Severe (greater than 500 lesions)

16. **Did the rash crust?** ☐ Y ☐ N ☐ U

    If "yes," how many days until all the lesions crusted over? _____ Days

    If "no," how many days until the rash resolved? _____ Days

17. **Did the patient have a fever?** ☐ Y ☐ N ☐ U

18. **Date of Fever Onset** ☐☐ ☐☐ ☐☐☐☐
             MONTH DAY   YEAR

19. **Highest measured temperature:** _____ °F / °C
                                  CIRCLE ONE

20. **Total number of days with fever:** _____ Days

21. **Was patient immunocompromised due to medical condition or treatment?** ☐ Y ☐ N ☐ U

    (If yes, specify) _____

COMPLICATIONS

22. **Did the patient develop any complications? If "yes":** ☐ Y ☐ N ☐ U
    Pneumonia ☐ Y ☐ N ☐ U
       Pneumonia diagnosed by
           ☐ Chest X-ray
           ☐ Clinically
           ☐ Both Chest X-ray and Clinically
           ☐ Unknown
    Encephalitis ☐ Y ☐ N ☐ U
    Cerebellar Ataxia ☐ Y ☐ N ☐ U
    Skin Infection ☐ Y ☐ N ☐ U
    Other Complications ☐ Y ☐ N ☐ U

    (If other, specify) _____

23. **Did the patient visit a Health Care Provider during this illness?** ☐ Y ☐ N ☐ U

24. **Did the patient die from varicella or complications (including secondary infection) associated with varicella? If "yes":** ☐ Y ☐ N ☐ U

    Date of Death ☐☐ ☐☐ ☐☐☐☐
             MONTH DAY   YEAR

    Autopsy performed? ☐ Y ☐ N ☐ U

    Cause of Death _____
    NOTE: Fill out varicella death worksheet.

Please send directly to: California DHS, Immunization Branch, 2151 Berkeley Way, Rm 712, Berkeley, CA 94704

LABORATORY   Y=Yes   N=No   U=Unknown

25. **Was laboratory testing done for varicella? If "yes":**   ☐ Y ☐ N ☐ U

26. **Direct fluorescent antibody (DFA) technique?**   ☐ Y ☐ N ☐ U

    Date of DFA ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    DFA Result ☐ Positive
    ☐ Negative
    ☐ Indeterminate
    ☐ Pending
    ☐ Not Done
    ☐ Unknown

27. **PCR specimen?**   ☐ Y ☐ N ☐ U

    Date of PCR Specimen ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Source of PCR:
    Specimen?_____

    PCR Result ☐ Varicella Virus Detected
    ☐ Varicella Virus Not Detected
    ☐ Indeterminate
    ☐ Not Done
    ☐ Pending
    ☐ Unknown
    ☐ Other _____

28. **Culture performed?**   ☐ Y ☐ N ☐ U

    Date of Culture Specimen ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Culture Result ☐ Positive
    ☐ Negative
    ☐ Indeterminate
    ☐ Pending
    ☐ Not Done
    ☐ Unknown

29. **Was other laboratory testing done? If "yes":**   ☐ Y ☐ N ☐ U

    Specify Other Test ☐ Tzanck Smear
    ☐ Electronmicroscopy

    Date of Other Test ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Other Lab Test Result ☐ Positive
    ☐ Negative
    ☐ Indeterminate
    ☐ Pending
    ☐ Not Done
    ☐ Unknown

    Test Result Value _____

30. **Serology performed?**   ☐ Y ☐ N ☐ U

31. **IgM performed? If "yes":**   ☐ Y ☐ N ☐ U

    Date IgM Specimen Taken ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    IgM Test Result ☐ Positive
    ☐ Negative
    ☐ Indeterminate
    ☐ Pending
    ☐ Not Done
    ☐ Unknown

    Test Result Value _____

32. **IgG performed? If "yes":**   ☐ Y ☐ N ☐ U

    Date of IgG-Acute ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    IgG-Acute Result ☐ Positive
    ☐ Negative
    ☐ Indeterminate
    ☐ Pending
    ☐ Not Done
    ☐ Unknown

    Test Result Value _____

    Date of IgG-Convalescent ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    IgG-Conv. Result ☐ Positive
    ☐ Negative
    ☐ Indeterminate
    ☐ Pending
    ☐ Not Done
    ☐ Unknown

    Test Result Value _____

33. **Were the clinical specimens sent to CDC for genotyping (molecular typing)? If "yes":**   ☐ Y ☐ N ☐ U

    Date sent for genotyping ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Specimen type _____

34. **Was specimen sent for strain (wild- or vaccine-type) identification?**   ☐ Y ☐ N ☐ U

VACCINE INFORMATION   Y=Yes   N=No   U=Unknown

35. Did the patient receive varicella-containing vaccine? ☐ Y ☐ N ☐ U
If "no":

☐ Born outside the United States
☐ Lab evidence of previous disease
☐ MD diagnosis of previous disease
☐ Medical contraindication
☐ Never offered vaccine
☐ Parent/patient forgot to vaccinate
☐ Parent/patient refusal
☐ Parent/patient report of disease
☐ Philosophical objection
☐ Religious exemption
☐ Under age for vaccination
☐ Other _____
☐ Unknown

36. Number of doses received _on_ or _after_ first birthday: _____ Doses

37. If patient is >=13 years old _and_ received one dose _on_ or _after_ 13th birthday but never received second dose, what is the reason?

☐ Born outside the United States
☐ Lab evidence of previous disease
☐ MD diagnosis of previous disease
☐ Medical contraindication
☐ Never offered vaccine
☐ Parent/patient forgot to vaccinate
☐ Parent/patient refusal
☐ Parent/patient report of disease
☐ Philosophical objection
☐ Religious exemption
☐ Other _____
☐ Unknown

VACCINATION RECORD

Vaccination Date	Vaccine Type	Manufacturer	Lot Number

EPIDEMIOLOGIC   Y=Yes   N=No   U=Unknown

38. Case Investigation Start Date ☐☐ MONTH ☐☐ DAY ☐☐☐☐ YEAR

39. Has this patient ever been diagnosed with varicella before? ☐ Y ☐ N ☐ U
If "yes":

Age at Diagnosis ☐☐☐

Age Type
☐ Years   ☐ Days
☐ Months   ☐ Hours
☐ Weeks   ☐ Unknown

40. Diagnosed by:
☐ Physician/Health Care Provider
☐ Parent/Friend
☐ Other _____

41. Where was the patient born (country)? _____

42. Is this case epi-linked to another confirmed or probable case? ☐ Y ☐ N ☐ U

43. Was this case in contact with a known shingles (zoster) case? ☐ Y ☐ N ☐ U

44. Transmission Setting (Setting of Exposure)
☐ Athletics
☐ College
☐ Community
☐ Correctional Facility
☐ Daycare
☐ Doctor's Office
☐ Home
☐ Hospital ER
☐ Other _____
☐ Hospital Outpatient Clinic
☐ Hospital Ward
☐ International Travel
☐ Military
☐ Place of Worship
☐ School
☐ Work
☐ Unknown

45. Is this case a health care worker? ☐ Y ☐ N ☐ U

46. Is this case part of an outbreak of 5 or more cases? ☐ Y ☐ N ☐ U
If "yes":

Outbreak Name: _____

47. Case Status:
☐ Confirmed
☐ Not a Case
☐ Probable
☐ Suspect
☐ Unknown

48. Confirmation Method:
☐ Clinical Diagnosis (non-laboratory confirmed)
☐ Epidemiologically linked
☐ Laboratory confirmed

49. _MMWR_ Week: _____

50. _MMWR_ Year: _____

PREGNANT WOMEN

51. If the case is female, is/was she pregnant during this varicella illness? ☐ Y ☐ N ☐ U
If "yes":

Number of weeks gestation at onset of illness (1-45 weeks): _____ Weeks

Trimester at Onset of Illness
☐ 1st Trimester
☐ 2nd Trimester
☐ 3rd Trimester

52. General Comments: _____
_____
_____
_____

VARICELLA DEATH INVESTIGATION WORKSHEET

For Local Use Only

Name _____
LAST / FIRST / MIDDLE

Current Address _____
NUMBER / STREET / APT. NUMBER

_____
CITY / COUNTY / STATE   ZIP CODE

Telephone: Home_____ Work_____
AREA CODE + 7 DIGITS   AREA CODE + 7 DIGITS

Hospital Record Number_____

Reporting Physician/ _____
Nurse/Hospital/
Clinic/Lab
_____
ADDRESS

Telephone Number _____
AREA CODE + 7 DIGITS

Detach here — Transmit only lower portion if sent to CDC

VARICELLA DEATH INVESTIGATION WORKSHEET

Form Approved
OMB No. 0920-0007
Exp. Date 7/31/2007

Reported by: State_____   Case Number_____

DEMOGRAPHIC DATA

1. **Date of Birth** ☐☐ ☐☐ ☐☐☐☐
   MONTH   DAY   YEAR

2. **Current Age** ☐☐☐ (Unknown=999)

3. **Age Type** ☐ Years ☐ Days ☐ Hours
   ☐ Months ☐ Weeks ☐ Unknown

4. **Current Sex** ☐ Male ☐ Female ☐ Unknown

5. **Ethnicity** ☐ Hispanic ☐ Not Hispanic ☐ Unknown

6. **Race** ☐ American Indian or Alaska Native
   ☐ Asian   ☐ Black or African-American
   ☐ Native Hawaiian or Other Pacific Islander
   ☐ White ☐ Other ☐ Unknown

7. **Date of Death** ☐☐ ☐☐ ☐☐☐☐
   MONTH   DAY   YEAR

8. **Country of Birth** _____

9. **If not born in the U.S., case lived in U.S. for** ☐☐ **years.**

10. **Occupation**
    ☐ Healthcare Worker
    ☐ Teacher
    ☐ Day Care Worker
    ☐ Military Personnel
    ☐ College Student
    ☐ Staff in Institutional Setting (e.g., Correctional Facility)
    ☐ Other *(specify)*_____

MEDICAL HISTORY   Y=Yes   N=No   U=Unknown

11. **History of varicella before this infection?** ☐Y ☐N ☐U

12. **If yes, age at infection?** ☐☐☐ (Unknown=999)

13. **Age Type** ☐ Years ☐ Days ☐ Hours
    ☐ Months ☐ Weeks ☐ Unknown

14. **History of serologic evidence of immunity?** ☐Y ☐N ☐U

15. **Varicella Vaccine History** ☐ Vaccinated
    ☐ Not Vaccinated
    ☐ Unknown

16. **If vaccinated**

    Date Dose 1 ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Date Dose 2 ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

17. **If not vaccinated, was there a contraindication to vaccination?** ☐Y ☐N ☐U
    If yes, specify _____

18. **Type of contraindication**
    ☐ Medical ☐ Philosophical
    ☐ Religious ☐ Other _____

19. **Pre-existing conditions?** ☐Y ☐N ☐U
    (Check all that apply)
    ☐ Cancer *Type:* _____
    ☐ Transplant Recipient *Organ:*_____
    ☐ Immune Deficiency *Type:* _____
    ☐ Pregnancy
    ☐ Chronic Renal Failure
    ☐ Diabetes Mellitus
    ☐ Tuberculosis
    ☐ Asthma
    ☐ Chronic Lung Disease *Specify:* _____
    ☐ Chronic Dermatolgic Disorder *Specify:* _____
    ☐ Chronic Autoimmune Disease (e.g., Lupus, Reumatoid Arthritis) *Specify:* _____
    ☐ Other *Specify:* _____

20. **For a child <1 year old, did his/her mother have a history of varicella?** ☐Y ☐N ☐U

21. **For a child <1 year old, did his/her mother have a history of receipt of varicella vaccine?** ☐Y ☐N ☐U

22. **Is this death the result of congenital varicella infection?** ☐Y ☐N ☐U

23. **In the month prior to rash onset, did the decedent take any of the following?**
    Systemic Steroids ☐Y ☐N ☐U
    Name of Steroid: _____
    Dose: ☐☐ mg/day
    Inhaled Steroids ☐Y ☐N ☐U
    Name of Steroid: _____
    Dose: ☐☐ mg/day
    Other Systemic Medication ☐Y ☐N ☐U
    List medication
    1) _____ 3) _____
    2) _____ 4) _____

continues

Varicella Death Investigation 05/09/05

- -

ILLNESS PRIOR TO DEATH · Y=Yes   N=No   U=Unknown

24. Rash Onset Date ☐☐ ☐☐ ☐☐☐☐
MONTH   DAY   YEAR

25. Was the rash generalized? ☐ Y ☐ N ☐ U

26. When first noted, did rash lesions seem to cluster on one side of the body? ☐ Y ☐ N ☐ U

If "yes," were lesions clustered on one limited area of the body nvolving no more than 3 dermatomes? ☐ Y ☐ N ☐ U

If "yes," which area? *(check all that apply)*
- ☐ Face/Head
- ☐ Arms
- ☐ Legs
- ☐ Trunk
- ☐ Inside Mouth
- ☐ Other *(Specify)* _____

27. Was the case hospitalized? ☐ Y ☐ N ☐ U

Admission Date ☐☐ ☐☐ ☐☐☐☐
MONTH   DAY   YEAR

If obtainable, please attach a copy of the hospital discharge summary.

COMPLICATIONS *(check all that apply)*

28. ☐ Secondary Infection
From
- ☐ Strep
  - ☐ Group A beta-hemolytic
  - ☐ Other type
  - ☐ Unknown type
- ☐ Staph
  - ☐ MRSA
  - ☐ Other *(Specify)* _____
- ☐ Mixed
- ☐ Other *(Specify)* _____

Type of Infection
- ☐ Cellulitis
- ☐ Osteomyelitis
- ☐ Impetigo/Infected Skin Lesions
- ☐ Necrotizing Fasciitis
- ☐ Lymphadenitis
- ☐ Toxic Shock Syndrome
- ☐ Abscess
- ☐ Sepsis/Septicemia
- ☐ Septic Arthritis
- ☐ Other *(Specify)* _____

29. ☐ Pneumonia/Pneumonitis
Etiology, if known _____

30. ☐ Neurologic Complications
- ☐ Cerebellitis/Ataxia
- ☐ Encephalitis
- ☐ Other *(Specify)* _____

31. ☐ Reye's Syndrome

32. ☐ Other *(Specify)* _____

TREATMENT – MEDICATIONS *(check all that apply)*

33. ☐ Acyclovir

☐ **Oral** Dose ☐☐☐☐ mg/day

Start Date ☐☐ ☐☐ ☐☐☐☐
MONTH   DAY   YEAR

Duration ☐☐☐ days

☐ **IV** Dose ☐☐☐☐ mg/day

Start Date ☐☐ ☐☐ ☐☐☐☐
MONTH   DAY   YEAR

Duration ☐☐☐ days

34. ☐ Famciclovir

Dose ☐☐☐☐ mg/day

Start Date ☐☐ ☐☐ ☐☐☐☐
MONTH   DAY   YEAR

Duration ☐☐☐ days

35. ☐ Valacyclovir

Dose ☐☐☐☐ mg/day

Start Date ☐☐ ☐☐ ☐☐☐☐
MONTH   DAY   YEAR

Duration ☐☐☐ days

36. ☐ Varicella Zoster Immune Globulin (VZIG)

Dose ☐☐☐☐ U's

Date Admin'd ☐☐ ☐☐ ☐☐☐☐
MONTH   DAY   YEAR

37. ☐ Aspirin

38. ☐ Non-Steroidal Anti-Inflammatory Drugs (i.e., ibuprofen)

continues

LABORATORY
Y=Yes   N=No   U=Unknown

39. **Was laboratory testing done for varicella? If "yes":** ☐ Y ☐ N ☐ U

40. **Direct fluorescent antibody (DFA) technique?** ☐ Y ☐ N ☐ U

    Date of DFA ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    DFA Result ☐ Positive ☐ Pending
    ☐ Negative ☐ Not Done
    ☐ Indeterminate ☐ Unknown

41. **PCR specimen?** ☐ Y ☐ N ☐ U

    Date of PCR Specimen ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Source of PCR specimen: *(check all that apply)*
    ☐ Vesicular Swab ☐ Saliva
    ☐ Scab ☐ Blood
    ☐ Tissue Culture ☐ Urine
    ☐ Buccal Swab ☐ Macular Scraping
    ☐ Other _____

    PCR Result ☐ Varicella Positive ☐ Not Done
    ☐ Varicella Negative ☐ Pending
    ☐ Indeterminate ☐ Unknown
    ☐ Other _____

    Was the PCR specimen adequate (i.e., was it actin positive)? ☐ Y ☐ N ☐ U

42. **Culture performed?** ☐ Y ☐ N ☐ U

    Date of Culture Specimen ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Culture Result ☐ Positive ☐ Pending
    ☐ Negative ☐ Not Done
    ☐ Indeterminate ☐ Unknown

43. **Was other laboratory testing done? If "yes":** ☐ Y ☐ N ☐ U

    Specify Other Test ☐ Tzanck smear
    ☐ Electron microscopy

    Date of Other Test ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Other Lab Test Result ☐ Positive (results consistent with varicella infection)
    ☐ Negative
    ☐ Indeterminate ☐ Not Done
    ☐ Pending ☐ Unknown

    Test Result Value _____

44. **Serology performed?** ☐ Y ☐ N ☐ U

45. **IgM performed? If "yes":** ☐ Y ☐ N ☐ U

    Type of IgM Test ☐ Capture ELISA ☐ Unknown
    ☐ Indirect ELISA ☐ Other _____

    Date IgM Specimen Taken ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    IgM Test Result ☐ Positive ☐ Pending
    ☐ Negative ☐ Not Done
    ☐ Indeterminate ☐ Unknown

    Test Result Value _____

46. **IgG performed? If "yes":** ☐ Y ☐ N ☐ U

    Type of IgG Test:
    ☐ Whole Cell ELISA (specify manufacturer):
    _____

    ☐ gp ELISA (specify manufacturer):
    _____

    ☐ FAMA ☐ Latex Bead Agglutination
    ☐ Other _____

    Date of IgG-Acute ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    IgG-Acute Result ☐ Positive ☐ Pending
    ☐ Negative ☐ Not Done
    ☐ Indeterminate ☐ Unknown

    Test Result Value _____

    Date of IgG-Convalescent ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    IgG-Conv. Result ☐ Positive ☐ Pending
    ☐ Negative ☐ Not Done
    ☐ Indeterminate ☐ Unknown

    Test Result Value _____

47. **Were the clinical specimens sent to CDC for genotyping (molecular typing)? If "yes":** ☐ Y ☐ N ☐ U

    Date sent for genotyping ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

48. **Was specimen sent for strain (wild- or vaccine-type) identification?** ☐ Y ☐ N ☐ U

    Strain Type ☐ Wild Type Strain
    ☐ Vaccine Type Strain
    ☐ Unknown

49. **Any herpes simplex virus testing performed? If "yes":** ☐ Y ☐ N ☐ U

    Type of Test _____

    Date of Other Test ☐☐ ☐☐ ☐☐☐☐
    MONTH   DAY   YEAR

    Test Result ☐ Positive ☐ Pending
    ☐ Negative ☐ Unknown
    ☐ Indeterminate

> **It can be difficult to distinguish varicella from disseminated herpes zoster (shingles)**. **Serum or blood** obtained from the decedent prior to or early in illness (i.e., weeks before to ~4 days after rash onset) could be used to test for evidence of prior varicella infection, which could sometimes help distinguish these two conditions. **If there is doubt whether the cause of death was related to varicella or to disseminated herpes zoster, an effort should be made as soon as possible to determine whether any such blood or serum specimens may be available.** For instance, serum specimens at hospital laboratories or a blood banks may be retained for many weeks.

continues

HOSPITAL DISCHARGE
Y=Yes   N=No   U=Unknown

50. **Discharge summary information available?** ☐ Y ☐ N ☐ U

51. **Varicella included among diagnoses?** ☐ Y ☐ N ☐ U

52. **Discharge Diagnoses**   ICD-9 Code

   a. _____ ☐☐☐.☐

   b. _____ ☐☐☐.☐

   c. _____ ☐☐☐.☐

   d. _____ ☐☐☐.☐

   e. _____ ☐☐☐.☐

   f. _____ ☐☐☐.☐

   g. _____ ☐☐☐.☐

   h. _____ ☐☐☐.☐

   i. _____ ☐☐☐.☐

   j. _____ ☐☐☐.☐

POST-MORTEM EXAM
Y=Yes   N=No   U=Unknown

53. **Post-mortem exam done?** ☐ Y ☐ N ☐ U

54. **Varicella included among diagnoses?** ☐ Y ☐ N ☐ U

55. **If evidence of varicella, significant findings related to varicella-zoster virus infection, by organ system:**

   a. Organ _____
      Findings _____

   b. Organ _____
      Findings _____

   c. Organ _____
      Findings _____

   d. Organ _____
      Findings _____

   e. Organ _____
      Findings _____

   f. Other _____
      _____

DEATH CERTIFICATE
Y=Yes   N=No   U=Unknown

56. **Death certificate available?** ☐ Y ☐ N ☐ U

57. **Varicella included as one cause of death?** ☐ Y ☐ N ☐ U

58. **Cause of Death**   ICD-9 Code

   a. _____ ☐☐☐.☐

   b. _____ ☐☐☐.☐

   c. _____ ☐☐☐.☐

   d. _____ ☐☐☐.☐

Contributing Conditions   ICD-9 Code

   a. _____ ☐☐☐.☐

   b. _____ ☐☐☐.☐

   c. _____ ☐☐☐.☐

   d. _____ ☐☐☐.☐

SOURCE
Y=Yes   N=No   U=Unknown

59. **Case had close contact with a person with known or suspected infection 10-21 days before rash onset?** ☐ Y ☐ N ☐ U

60. **Source had** ☐ Shingles ☐ Varicella ☐ Unknown

61. **Current Age** ☐☐☐ (Unknown=999)

62. **Age Type** ☐ Years ☐ Days ☐ Hours ☐ Months ☐ Weeks ☐ Unknown

63. **Varicella vaccine history of source** ☐ Source vaccinated ☐ Source not vaccinated

64. **If not vaccinated, source had contraindication to vaccination?** ☐ Y ☐ N ☐ U
   If yes, specify _____

65. **Transmission Setting (Setting of Exposure)**
   ☐ Athletics
   ☐ College
   ☐ Community
   ☐ Correctional Facility
   ☐ Daycare
   ☐ Doctor's Office
   ☐ Home
   ☐ Hospital ER
   ☐ Other _____
   ☐ Hospital Outpatient Clinic
   ☐ Hospital Ward
   ☐ International Travel
   ☐ Military
   ☐ Place of Worship
   ☐ School
   ☐ Work
   ☐ Unknown

66. **If transmission was in the home**
   ☐ Transmission from family member by adoption
   ☐ Transmission from family member biologically related

67. **Any international travel in the 4 weeks prior to illness?** ☐ Y ☐ N ☐ U
   If yes, what dates? _____
   What country(ies)? _____

4

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Date reported to county	DATEFILE	Num Date	MMDDCCYY (Month,Day,Century,Year) leading zeros	on or after BIRTHDAT	
Date investigation started	DATEINVE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Person/Clinician reporting case	REPORTER	C25	Free Text		
Reporter Telephone	REPPHONE	C20	Free Text		
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
PATIENT DEMOGRAPHICS				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically populate those variables than have redundant data entry on this form	Separate tab for this section
Case last name	L_NAME	C35	Free Text		

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case Age Type	AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days	If not null, prompt for AGE	
Case age	AGE	Num		If not null, prompt for AGETYPE	Filled in by LHD
Calculated Age (at death)	AGECALC	Num		Calculated Variable: DEATHDAT - BIRTHDAT	Calculated automatically
Case gender	GENDER	C1	M=Male,F=Female		
Case home street address	ADDRESS	C25	Free Text		
Case home city	CITY	C25	Free Text		
Case home state	STATE	C2	State Abbreviation, eg CA=California		
Case home zipcode	ZIPCODE	C10	nnnnn-nnnn (leading zeroes, left-justified)		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Case ethnicity	ETHNICIT	C1	1=Not Hispanic or Not Latino, 2=Hispanic or Latino, 9 = Unknown		
Case race (check all that apply)				check all that apply, new coding different from NETSS and AVSS	
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
Occupation (choose all that apply)					
Unknown Occupation	OCCUP_UNK	C1	1=Unknown	if 1 then skip to B_CNTRY	
Food Service	FOODSERV	C1	1=Food Service		
Health Care	HLTH_CARE	C1	1=Health Care		
Day Care	DAY_CARE	C1	1=Day Care		
School	SCHOOL	C1	1=School		
Correctional Facility	CORR_FAC	C1	1=Correctional Facility		
Other Occupation	OCCUPOTH	C1	1=Other Occupation	If 1 then prompt for OCCUPO	
Specify Other Occupation	OCCUPO	C15	Free Text		
Country of Birth	B_CNTRY	C15	Free Text		
Country of Residence	R_CNTRY	C15	Free Text		
OTHER DEMOGRAPHIC DATA					Separate tab for this section
Date of Death	DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
If not born in US, case lived in US for how many years?	USYEARS	Num			
VACCINATION/ MEDICAL DISEASE HISTORY					Separate tab for this section
Medical History Available	MEDHIST	C1	Y=Yes, N=No, U=Unknown	If = "Y", prompt for VARHIST through MEDIC4, else skip to ILLNESS	This question is part of title bar for this section on the paper form
History of Varicella before this infection?	VARHIST	C1	Y=Yes, N=No, U=Unknown	If = "Y" prompt for INF_AGE and INF_AGETYPE, else skip to SERO_EVID	
If yes, age at infection	INF_AGE	Num			
Infection age type	INF_AGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days, 4=Hours, 9=Unknown		
History of serological evidence of immunity	SERO_EVID	C1	Y=Yes, N=No, U=Unknown		
Received one or more doses of varicella containing vaccine	VACCINE	C1	1=Vaccinated, 2 = Not Vaccinated, 9 = Unknown	If = "1", prompt for VACDATE1 and VACDATE2; if = "2" prompt for CONTRA through CTRATYPE; else skip to PECOND	
Varicella vaccination date - varicella-containing vaccine 1	VACDATE1	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=1	
Varicella vaccination date - varicella-containing vaccine 2	VACDATE2	Num Date	MMDDCCYY	on or after BIRTHDAT, check NUMDOSES>=2	
If not vaccinated, was there a contraindication?	CONTRA	C1	Y=Yes, N=No, U=Unknown		
If Yes, specify	CTRASPEC	C25	Free Text		
Type of contraindication	CTRATYPE	C1	1 = Medical, 2 = Religious, 3 = Philosophical, 4 = Other		

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Pre-existing Conditions? (check all that apply)	PECOND	C1	Y=Yes, N=No, U=Unknown	If = "Y" prompt for PEC_CANCER through PEC_OTH_SPEC; else skip to MAT_VARHIST	
Cancer	PEC_CANCER	C1	Y=Yes, N=No, U=Unknown		
Cancer Type	PEC_CANCTYPE	C25	Free Text		
Transplant Recipient	PEC_TRANSPL	C1	Y=Yes, N=No, U=Unknown		
Transplant Organ	PEC_TRNS_ORG	C25	Free Text		
Immune Deficiency	PEC_IMMDEF	C1	Y=Yes, N=No, U=Unknown		
Immune Deficiency Type	PEC_IMMDTYPE	C25	Free Text		
Pregnancy	PEC_PREG	C1	Y=Yes, N=No, U=Unknown		
Chronic Renal Failure	PEC_RENAL	C1	Y=Yes, N=No, U=Unknown		
Diabetes Mellitus	PEC_DIABETES	C1	Y=Yes, N=No, U=Unknown		
Tuberculosis	PEC_TB	C1	Y=Yes, N=No, U=Unknown		
Asthma	PEC_ASTHMA	C1	Y=Yes, N=No, U=Unknown		
Chronic Lung Disease	PEC_CLD	C1	Y=Yes, N=No, U=Unknown		
Lung Disease Specify	PEC_CLD_SPEC	C25	Free Text		
Chronic Dermatologic Disorder	PEC_CDD	C1	Y=Yes, N=No, U=Unknown		
Dermatologic Disorder Specify	PEC_CDD_SPEC	C25	Free Text		
Chronic Autoimmune Disease	PEC_CAD	C1	Y=Yes, N=No, U=Unknown		
Autoimmune Disease Specify	PEC_CAD_SPEC	C25	Free Text		
Other	PEC_OTHER	C1	Y=Yes, N=No, U=Unknown		
Specify Other Condition	PEC_OTH_SPEC	C25	Free Text		
For child <1 yo did mother have history of varicella disease	MAT_VARHIST	C1	Y=Yes, N=No, U=Unknown		
For child <1 yo did mother have history of varicella vaccine	MAT_VACC	C1	Y=Yes, N=No, U=Unknown		
Is this death the result of congenital varicella infection	CONG_VAR	C1	Y=Yes, N=No, U=Unknown		
In month prior to onset did decedent take any of the following? (1) systemic steriods?	SYS_STER	C1	Y=Yes, N=No, U=Unknown	If = "Y" prompt for SYS_NAME and SYS_DOSE, else skip to INHAL_STER	
Name of Systemic Steroid	SYS_NAME	C25	Free Text		
Dose of Systemic Steriod	SYS_DOSE	Num			
(2) inhaled steriods? (Continuation of above question)	INHAL_STER	C1	Y=Yes, N=No, U=Unknown	If = "Y" prompt for INHAL_NAME and INHAL_DOSE, else skip to SYS_MEDIC	
Name of Inhaled Steroid	INHAL_NAME	C25	Free Text		
Dose of Inhaled Steriod	INHAL_DOSE	Num			
(3) other systemic medication? (Continuation of above question)	SYS_MEDIC	C1	Y=Yes, N=No, U=Unknown	If = "Y" prompt for MEDIC1 through MEDIC4, else skip to RASH_ON	
Medication 1	MEDIC1	C25	Free Text		
Medication 2	MEDIC2	C25	Free Text		
Medication3	MEDIC3	C25	Free Text		
Medication4	MEDIC4	C25	Free Text		
ILLNESS PRIOR TO DEATH (SIGNS AND SYMPTOMS)					Separate tab for this section
Information about illness prior to death available?	ILLNESS	C1	Y=Yes, N=No, U=Unknown	If = "Y", prompt for RASH_ON through LES_OTHSPEC, else skip to LABTEST	This question is part of title bar for this section on the paper form
Rash onset date	RASH_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Generalized Rash?	GENERAL	C1	Y=Yes, N=No, U=Unknown		
Did rash lesions cluster on one side of the body	LES_CLUST	C1	Y=Yes, N=No, U=Unknown		
If yes, were lesions clustered in one limited area involving no more than three dermatomes	LES_LIMAREA	C1	Y=Yes, N=No, U=Unknown		

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
If yes, which area (check all that apply)					
Face/head	LES_FACE	C1	1=Face/head		
Arms	LES_ARMS	C1	1=Arms		
Legs	LES_LEGS	C1	1=Legs		
Trunk	LES_TRUNK	C1	1=Trunk		
Inside mouth	LES_MOUTH	C1	1=Inside mouth		
Other	LES_OTHER	C1	1=Other		
Specify Other	LES_OTHSPEC	C25	Free Text		
Was the case hospitalized?	HOSPITAL	C1	Y=Yes, N=No, U=Unknown	if HOSPITAL="Y" then prompt for ADMITDATE, else skip to SEC_INF	
Hospital Record Number	HOSPNUM	C15	Free Text		Note: this variable is in top right-hand corner of paper form, near name and demographic info
Admission Date	ADMITDATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
COMPLICATIONS (Check all that apply)					Separate subheader for this section
Secondary Infection	SEC_INF	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for STREP_INF through COMPLIC_SPEC	
From Strep	STREP_INF	C1	1=Group A beta-hemolytic, 2=other, 9 =unknown		
From Staph	STAPH_INF	C1	1=MRSA, 2=Other, 9 =Unknown		
Specify other Staph infection	STAPH_SPEC	C25	Free Text		
From Mixed	MIXED_INF	C1	1=Mixed		
From Other	OTHER_INF	C1	1=Other		
Specify Other infection	OTHER_SPEC	C25	Free Text		
Type of infection	INF_TYPE	C2	1 = Cellulitis, 2 = Osteomyelitis, 3 = Impetigo/Infected Skin Lesions, 4 = Nectotizing Fasciitis, 5 = Lymphadenitis, 6 = Toxic Shock Syndrome, 7 = Abscesses, 8 = Sepsis/Septicemia, 9 = Septic Arthritis, 10 = Other, 99 = Unknown		
Specify other type of infection	OTH_INF	C25	Free Text		
Pneumonia	PNEUMON	C1	Y=Yes, N=No, U=Unknown		
Pneumonia etiology if known	PNEUM_ETIOL	C25	Free Text		
Neurological Complications	NEURO_COMP	C1	1=Cerebellitis/Ataxia, 2 = Encephalitis, 3 = Other		
Specify other neurological complications	NEURO_OTHER	C25	Free Text		
Reye's Syndrome	REYES	C1	Y=Yes, N=No, U=Unknown		
Other complication	OTHERCOMP	C1	Y=Yes, N=No, U=Unknown		
Specify Other Complication	COMPLIC_SPEC	C25	Free Text		
TREATMENT - MEDICATIONS (Check all that apply)					Separate subheader for this section
Oral Acyclovir	AC_ORAL	C1	Y=Yes, N=No, U=Unknown	if = "Y" then prompt for ACORDOSE through ACORDUR, else skip to AC_IV	
Oral Acyclovir Dose (in mg/day)	ACORDOSE	Num			
Oral Acyclovir Start Date	ACORDATE	Num Date	MMDDCCYY		
Oral Acyclovir Duration	ACORDUR	Num			
IV Acyclovir	AC_IV	C1	Y=Yes, N=No, U=Unknown	if = "Y" then prompt for ACIVDOSE through ACIVDUR, else skip to FAMCYC	
IV Acyclovir Dose (in mg/day)	ACIVDOSE	Num			
IV Acyclovir Start Date	ACIVDATE	Num Date	MMDDCCYY		
IV Acyclovir Duration	ACIVDUR	Num			

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Famciclovir	FAMCYC	C1	Y=Yes, N=No, U=Unknown	if = "Y" then prompt for FAMDOSE through FAMDUR, else skip to VALACYC	
Famciclovir Dose (in mg/day)	FAMDOSE	Num			
Famciclovir Start Date	FAMDATE	Num Date	MMDDCCYY		
Famciclovir Duration	FAMDUR	Num			
Valacyclovir	VALACYC	C1	Y=Yes, N=No, U=Unknown	if = "Y" then prompt for VALDOSE through VALDUR, else skip to VZIG	
Valacyclovir Dose (in mg/day)	VALDOSE	Num			
Valacyclovir Start Date	VALDATE	Num Date	MMDDCCYY		
Valacyclovir Duration	VALDUR	Num			
VZIG	VZIG	C1	Y=Yes, N=No, U=Unknown	if = "Y" then prompt for VZIGDOSE through VZIGDUR, else skip to ASPIRIN	
VZIG Dose (in U's)	VZIGDOSE	Num			
VZIG Date Administered	VZIGDATE	Num Date	MMDDCCYY		
Aspirin	ASPIRIN	C1	Y=Yes, N=No, U=Unknown		
Non-steriod Anti-inflamatory drugs	ANTINFLAM	C1	Y=Yes, N=No, U=Unknown		
LABORATORY					Separate tab for this section
Was laboratory testing done for varicella?	LABTEST	C1	Y=Yes, N=No, U=Unknown	If ="Y" then prompt for DFATEST thru HSVRES, else skip to DISCHARGE	
DFA	DFATEST	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for prompt for DFADAT and DFARES, else skip to PCRTEST	
DFA specimen date	DFADATE	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
DFA result	DFARES	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
PCR	PCRTEST	C1	Y=Yes, N=No, U=Unknown	If = "Y" for prompt for PCRDATE through PCRADEQ, else skip to VRUSSPEC	
PCR specimen date	PCRDATE	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Source of PCR specimen	PCRSOURCE	C1	1 = Vesicular Swab, 2=Scab, 3=Tissue Culture, 4=Buccal Swab, 5=Saliva, 6=Blood, 7=Urine, 8=Macular Scraping, 10 = Other, 99=Unknown	If PRCSOURCE = 10, then prompt for PCRSROTH	
Specify Other Source	PCRSRCOTH	C25	Free Text		
PCR Result	PCRRES	C1	P=Varicella positive, N =Varicella negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown, O= Other		
Was PCR specimen adequate (i.e., actin positive)	PCRADEQ	C1	Y=Yes, N=No, U=Unknown		
Culture Performed?	VRUSSPEC	C1	Y=Yes, N=No, U=Unknown	If "Y" then prompt for DATEVRUS and VRUSISOL, else skip to OTHERLAB	
Date of Culture Specimen	DATEVRUS	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Culture Result	VRUSISOL	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
Other Lab Test Completed?	OTHERLAB	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for OLABSPEC through OLABVAL, else skip to BLOOD	
Specify Other Lab Test	OLABSPEC	C25	Tzanck Smear, Electronmicroscopy, or free text		
Date of Other Lab Test	DATEOLAB	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Other Lab Test Result	OLABRES	C1	P = Positive; N = Negative; I = Indeterminate; E = Pending; X = Not done; U = Unknown		
Other Lab Test Result Value	OLABVAL	C25	Free Text		
Serology performed	BLOOD	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for IGMPERF through IGGVAL, else skip to CDCSPEC	
IgM Performed?	IGMPERF	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for IGMTYPE through IGMVAL else skip to IGGPERF	
Type of IgM Test	IGMTYPE	C1	1=Capture ELISA, 2 = Indirect ELISA, 3 = Other, 9 = Unknown		
Specify Other IgM Test Type	IGMOTHER	C25	Free Text		
IgM specimen date	DATEIGM	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgM result	IGMRES	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
IgM Test Result Value	IGMVAL	C25	Free Text		
IgG Performed?	IGGPERF	C1	Y=Yes, N=No, U=Unknown	if "Y" then prompt for IGGTYPE through IGGCVAL, else skip to CDCSPEC	
Type of IgG Test	IGGTYPE	C1	1=Whole Cell ELISA, 2 = gp ELISA, 3 = FAMA, 4 = Latex Bead Agglutination, 5 = Other, 9 = Unknown		
For Whole Cell ELISA, Specify Manufacturer	WHOLECELL	C25	Free Text		
For gp ELISA, Specify Manufacturer	GPELISA	C25	Free Text		
Specify Other IgG Test Type	IGGOTHER	C25	Free Text		
IgG acute specimen date	DATEIGGA	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgG Acute result	IGGARES	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
IgG acute Test Result Value	IGGAVAL	C25	Free Text		
IgG convalescent specimen date	DATEIGGC	Num Date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
IgG Convalescent result interpretation	IGGCRES	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
IgG convalescent Test Result Value	IGGCVAL	C25	Free Text		
Specimen forwarded to CDC for virus genotyping?	CDCSPEC	C1	Y=Yes, N=No, U=Unknown	If CDCSPEC = "Y" then prompt for SPECDATE through SPECGENO, else skip to STRAINID	
Date specimen sent for genotyping	SPECDATE	Num date	MMDDCCYY	on or after BIRTHDAT, on or after ONSET	
Virus Genotype	SPECGENO	C3	Free Text		
Specimen forwarded to CDC for strain-typing (wild vs vacine-type) ?	STRAINID	C1	Y=Yes, N=No, U=Unknown	If STRAINID = "Y" then prompt for STRAINRES, else skip to SHVTEST	
Strain-typing result	STRAINRES	C1	1 = wild-type, 2 = vaccine-type, 9 = Unknown		
Any herpes simplex virus testing performed?	HSVTEST	C1	Y=Yes, N=No, U=Unknown	If HSVTEST = "Y" then prompt for HSVTYPE through HSVRES, else skip to DISCHARGE	
Type of HSV test	HSVTYPE	C25	Free Text		
Date of HSV test	HSVDATE	Num Date	MMDDCCYY		
Results of HSV test	HSVRES	C1	P=Positive, N =Negative, I=Indeterminate, E=Pending, X=Not Done, U=Unknown		
ADDITIONAL RECORDS					Separate tab for this section
HOSPITAL DISCHARGE					Create a subheader for this section

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR Data Dictionary Tetanus Mumps Varicella Deaths Diptheria Zoster CRS

158

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Discharge Summary information available?	DISCHARGE	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for VARICDX else skip to POSTMORTEM	
Varicella included among discharge diagnoses	VARICDX	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DDX_A through DDX_J_CODE else skip to POSTMORTEM	
Discharge Diagnosis A	DDX_A	C25	Free Text	If not null then prompt for DDX_A_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis A ICD-9 Code	DDX_A_CODE	C4	Free Text		
Discharge Diagnosis B	DDX_B	C25	Free Text	If not null then prompt for DDX_B_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis B ICD-9 Code	DDX_B_CODE	C4	Free Text		
Discharge Diagnosis C	DDX_C	C25	Free Text	If not null then prompt for DDX_C_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis C ICD-9 Code	DDX_C_CODE	C4	Free Text		
Discharge Diagnosis D	DDX_D	C25	Free Text	If not null then prompt for DDX_D_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis D ICD-9 Code	DDX_D_CODE	C4	Free Text		
Discharge Diagnosis E	DDX_E	C25	Free Text	If not null then prompt for DDX_E_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis E ICD-9 Code	DDX_E_CODE	C4	Free Text		
Discharge Diagnosis F	DDX_F	C25	Free Text	If not null then prompt for DDX_F_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis F ICD-9 Code	DDX_F_CODE	C4	Free Text		
Discharge Diagnosis G	DDX_G	C25	Free Text	If not null then prompt for DDX_B_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis G ICD-9 Code	DDX_G_CODE	C4	Free Text		
Discharge Diagnosis H	DDX_H	C25	Free Text	If not null then prompt for DDX_G_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis H ICD-9 Code	DDX_H_CODE	C4	Free Text		
Discharge Diagnosis I	DDX_I	C25	Free Text	If not null then prompt for DDX_H_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis I ICD-9 Code	DDX_I_CODE	C4	Free Text		
Discharge Diagnosis J	DDX_J	C25	Free Text	If not null then prompt for DDX_J_CODE, if null then skip to POSTMORTEM	
Discharge Diagnosis J ICD-9 Code	DDX_J_CODE	C4	Free Text		
POST-MORTEM EXAM					Create a subheader for this section
Post-mortem exam done?	POSTMORTEM	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for VARICPM, else skip to DTHCERT	
Varicella included among post-mortem diagnoses?	VARICPM	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for PMORGANA through PMFFIND, else skip to DTHCERT	
Post mortem organ A	PMORGANA	C25	Free Text	If not null then prompt for PMAFIND, if null then skip to DTHCERT	
Post mortem organ A findings	PMAFIND	C25	Free Text		
Post mortem organ B	PMORGANB	C25	Free Text	If not null then prompt for PMBFIND, if null then skip to DTHCERT	
Post mortem organ B findings	PMBFIND	C25	Free Text		
Post mortem organ C	PMORGANC	C25	Free Text	If not null then prompt for PMCFIND, if null then skip to DTHCERT	
Post mortem organ C findings	PMCFIND	C25	Free Text		
Post mortem organ D	PMORGAND	C25	Free Text	If not null then prompt for PMDFIND, if null then skip to DTHCERT	
Post mortem organ D findings	PMDFIND	C25	Free Text		

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\WebCMR Data Dictionary Tetanus Measles Varicella Deaths Diphtheria Pertussis

159

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Post mortem organ E	PMORGANE	C25	Free Text	If not null then prompt for PMEFIND, if null then skip to DTHCERT	
Post mortem organ E findings	PMEFIND	C25	Free Text		
Post mortem organ F	PMORGANF	C25	Free Text	If not null then prompt for PMFFIND, if null then skip to DTHCERT	
Post mortem organ F findings	PMFFIND	C25	Free Text		
DEATH CERTIFICATE					Create a subheader for this section
Death certificate available?	DTHCERT	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for VARICDTH, else skip to SRC_CON	
Varicella included as one cause of death	VARICDTH	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for CODA through CONTCD_CODE, else skip to SRC_CON	
Cause of Death A	CODA	C25	Free Text	If not null then prompt for CODA_CODE, if null then skip to CONTCA	
Cause of Death A ICD-9 Code	CODA_CODE	C4	Free Text		
Cause of Death B	CODB	C25	Free Text	If not null then prompt for CODB_CODE, if null then skip to CONTCA	
Cause of Death B ICD-9 Code	CODB_CODE	C4	Free Text		
Cause of Death C	CODC	C25	Free Text	If not null then prompt for CODC_CODE, if null then skip to CONTCA	
Cause of Death C ICD-9 Code	CODC_CODE	C4	Free Text		
Cause of Death D	CODD	C25	Free Text	If not null then prompt for CODD_CODE, if null then skip to CONTCA	
Cause of Death D ICD-9 Code	CODD_CODE	C4	Free Text		
Contributing Condition A	CONTCA	C25	Free Text	If not null then prompt for CONTCA_CODE, if null then skip to SRC_CON	
Contributing Condition A ICD-9 Code	CONTCA_CODE	C4	Free Text		
Contributing Condition B	CONTCB	C25	Free Text	If not null then prompt for CONTCB_CODE, if null then skip to SRC_CON	
Contributing Condition B ICD-9 Code	CONTCB_CODE	C4	Free Text		
Contributing Condition C	CONTCC	C25	Free Text	If not null then prompt for CONTCC_CODE, if null then skip to SRC_CON	
Contributing Condition C ICD-9 Code	CONTCC_CODE	C4	Free Text		
Contributing Condition D	CONTCD	C25	Free Text	If not null then prompt for CONTCD_CODE, if null then skip to SRC_CON	
Contributing Condition D ICD-9 Code	CONTCD_CODE	C4	Free Text		
SOURCE (Exposure History)					Separate tab for this section
Case had close contact with a person with known or suspected infection 10-21 days before rash onset?	SRC_CON	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for SRCINFTYPE thru SRCCONTRA, else skip to A_ATHLETICS	
Source type of infection	SRCINFTYPE	C1	1 = Shingles, 2 = Varicella, 9 = Unknown		
Current age of Source	SRCAGE	Num			
Age type for Source	SRCAGETYPE	C1	0=Years,1=Months,2=Weeks,3=Days		
Source vaccinated?	SRCVACC	C1	Y=Yes, N=No, U=Unknown	If = "N" then prompt for SRCCONTRA, else skip to A_ATHLETICS	
If not, source had contraindication to vaccination?	SRCCONTRA	C1	Y=Yes, N=No, U=Unknown		
Acquisition setting (Transmission Setting on CDC form)				check all that apply	
Athletics	A_ATHLETICS	C1	Y=Yes, N=No, U=Unknown		

VARICELLA DEATHS FORM for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
College	A_COLLEGE	C1	Y=Yes, N=No, U=Unknown		
Community	A_COMNTY	C1	Y=Yes, N=No, U=Unknown		
Correctional Facility	A_CORRFAC	C1	Y=Yes, N=No, U=Unknown		
Day Care	A_DAYCARE	C1	Y=Yes, N=No, U=Unknown		
Doctors Office	A_DOCOFFICE	C1	Y=Yes, N=No, U=Unknown		
Home	A_HOME	C1	Y=Yes, N=No, U=Unknown		
Hospital ER	A_HOSP_ER	C1	Y=Yes, N=No, U=Unknown		
Hospital Outpatient Clinic	A_OUTPT	C1	Y=Yes, N=No, U=Unknown		
Hospital Ward	A_HOSPWARD	C1	Y=Yes, N=No, U=Unknown		
International Travel	A_INTERNAT	C1	Y=Yes, N=No, U=Unknown		
Military	A_MILITARY	C1	Y=Yes, N=No, U=Unknown		
Place of Worship	A_CHURCH	C1	Y=Yes, N=No, U=Unknown		
School	A_SCHOOL	C1	Y=Yes, N=No, U=Unknown		
Work	A_WORK	C1	Y=Yes, N=No, U=Unknown		
Other	A_OTHER	C1	Y=Yes, N=No, U=Unknown		
Unknown	A_UNKNOWN	C1	Y=Yes, N=No, U=Unknown	if 1, skip to ADOPTED	
If source was in home, was family member adopted or biologically related?	ADOPTED	C1	1 = Acquisition from family member by adoption, 2 = Acquisition from family member biologically related, 9 = Unknown		
Any international travel in the 4 weeks prior to illness?	TRAVEL	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for TRAVDATES and TRAVCNTRY, else skip to LHD_CASESTAT	
If yes, what dates	TRAVDATES	C25	Free Text		
If yes, what countries	TRAVCNTRY	C25	Free Text		
LHD INTERNAL TRACKING, DISEASE SPECIFIC					Separate tab for this section; not on form but may be useful for classification
LHD Case Classification per CDC/CSTE case definition	LHD_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown		
State (IZ Branch) Case Classification	IZB_CASESTAT	C1	C=Confirmed, P = Probable, S = Suspect, N = Not a Case, U = Unknown	Only ="C" if IZB_LABCONF = "Y" or if IZB_CLINDEF = "Y" and EPILINK = "Y"; Only="P" if IZB_CLINDEF = "Y" and IZB_LABCONF = "N" or "U" and EPILINK = "N" or "U"	
ATTACHMENTS/LINKS					Separate tab for this section; Same documents that are attached to Varicella Surveillance Form
Contact spread sheet					In development
Quicksheet					2-page summary of essential disease protocols
Other Outbreak/Other Reportable Disease Form (DHS 8554)					
Indications for prophylaxis					

CALIFORNIA CASE REPORT FORM FOR LABORATORY-CONFIRMED AVIAN (H5N1) INFLUENZA

- For use in the World Health Organization Pandemic Phase 3 (no or very limited human-to-human transmission)
- Refer to http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm and click on "GRAPH" at the top for a list of affected countries.
- Please report any suspect or laboratory-confirmed cases to the California Department of Health Services (CDHS) Viral and Rickettsial Disease Laboratory (Janice Louie, Carol Glaser or David Schnurr) or the CDHS Duty Officer of the Day.

FAX completed form to 510-307-8599

Date of Initial report to LHD: _____/_____/_____   **State ID#_____**

Section 1.	Patient Information

Patient's Last Name: _____ First Name: _____ MI: _____

Current Street Address: _____

Current Residence City: _____State: _____ County: _____

Home telephone: _____ Work telephone: _____

Age at onset: _____ ☐ Years ☐ Months   Date of Birth ___/___/___   Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic/Latino   ☐ Non-Hispanic/Non-Latino

Race: ☐ Native American/Alaskan Native   ☐ Asian   ☐ Pacific Islander   ☐ African-American/Black   ☐ White   ☐ Other   ☐ Unk

Nationality/Citizenship: _____   Residency: ☐ U.S. Resident   ☐ Non-U.S. Resident

Specify patient occupation: _____

Is individual a health care worker with close contact to patients, patient care areas or patient care items (e.g., linens or clinical specimens)?

☐ Yes   ☐ No   ☐ Unk   *If yes*, specify:

   Health care worker type: ☐ Physician   ☐ Nurse/ PA   ☐ Laboratory   ☐ Other _____

   Place of employment: ☐ Hospital   ☐ Long Term Care Facility   ☐ Laboratory   ☐ Ambulatory Care   ☐ Other_____

   Does patient have DIRECT patient care responsibilities?   ☐ Yes   ☐ No   ☐ Unk

Section 2.	Risk Factors for Influenza Complications

☐ Cardiac disease _____

☐ Chronic lung disease (e.g, asthma) _____

☐ Chronic metabolic/renal disease (e.g., diabetes) _____

☐ Chronic neurologic disease (e.g. seizure disorder) _____

☐ Immunosuppression (e.g., HIV, transplant, malignancy, steroids) _____

☐ Child < 18 yrs old on chronic aspirin therapy _____   ☐ Hemoglobinopathy (e.g., SCD) _____

☐ Pregnancy (note 1st, 2nd or 3rd trimester) _____   ☐ Nursing home resident / institutionalized _____

☐ Other underlying illness (specify): _____

Section 3.	Signs and Symptoms

Date of initial symptom onset: _____/_____/_____

Fever (subjective or objective): ☐ Yes   ☐ No   ☐ Unk

   If yes, date of fever onset: _____/_____/_____   ***If yes,* temperature >38⁰ C (>100.4⁰ F):** ☐ Yes   ☐ No   ☐ Unk

Influenza-associated symptoms: ☐ Chills   ☐ Rigors   ☐ Myalgias   ☐ Headache   ☐ Sore throat   ☐ Runny nose/congestion

   ☐ Conjunctivitis   ☐ Cough   ☐ Wheezing   ☐ Shortness of breath   ☐ Bloody respiratory secretions   ☐ Otitis   ☐ Diarrhea

   ☐ Nausea/vomiting   ☐ Abdominal pain   ☐ Apnea   ☐ Lethargy   ☐ Altered mental status   ☐ Other: _____

Complications: ☐ Viral pneumonia   ☐ Encephalitis   ☐ Myocarditis   ☐ Seizures   ☐ Sepsis   ☐ Reyes Syndrome

   ☐ Multi-organ failure   ☐ 2⁰ bacterial pneumonia   ☐ Other_____

Antiviral medications: ☐ Yes   ☐ No   ☐ Unk

   If yes, specify: ☐ Amantadine   ☐ Rimantadine   ☐ Oseltamivir   ☐ Zanamavir   Dose: _____

   Date started: _____/_____/_____   Date completed: _____/_____/_____

Received flu vaccine for current/most recent season: ☐ Yes   ☐ No   ☐ Unk   *If yes*, specify date: _____/_____/_____

Comments: _____

CDHS ID#: _____

Section 4.	Clinical Status

Date of first clinical evaluation for this illness: ____ /____/____

Laboratory results (note most abnormal value): Hct: _____ Platelet: _____ WBC: _____ Differential: _____

    AST: _____ ALT: _____ Alk phos: _____ Tbili: _____ LDH: _____ CPK: _____ BUN: _____ Creatinine: _____

Was a chest X-ray or chest CAT scan performed? ☐ Yes ☐ No ☐ Unk
    If yes, date: _____ /_____/_____
    If yes, was there evidence **of pneumonia or respiratory distress syndrome**? ☐ Yes ☐ No ☐ Unk
    Comments/interpretation: _____

Was the patient **hospitalized for > 24 hours?** ☐ Yes ☐ No ☐ Unk
    If yes: Name of hospital: _____ Medical Record Number:_____
        City: _____ County/State: _____
        Date of admission: _____/_____/_____ Date of discharge: _____/_____/_____

Was the patient seen or transferred from another clinic or facility after first symptom onset? ☐ Yes ☐ No ☐ Unk
    If yes, clinic or facility name: _____ Dates seen/hospitalized: _____/_____/_____ - _____/_____/_____
    (If more, please list on back of page).

Was the patient ever in the ICU? ☐ Yes ☐ No ☐ Unk
Was the patient ever on mechanical ventilation? ☐ Yes ☐ No ☐ Unk

Did the patient **die** as a result of this illness? ☐ Yes ☐ No ☐ Unk
    If yes, date of death: _____/_____/_____
    If yes, was an autopsy performed? ☐ Yes ☐ No ☐ Unk
    If yes, please forward autopsy report.

Pathologist name: _____ Phone number: _____

Section 5.	Avian (H5N1) Influenza Epidemiological Risk Factors

In the 10 days prior to symptom onset:

1. Did the patient travel to an area with documented avian (H5N1) influenza in poultry, wild birds and/or humans?

    ☐ Yes ☐ No ☐ Unk *If yes,* complete section 6.

2. Did the patient have history of any of the following exposures in an H5N1-affected country?

    a. Direct contact with (e.g. touching) sick or dead domestic poultry*   ☐ Yes ☐ No ☐ Unk

    b. Consumption of raw or incompletely cooked poultry* or poultry* products   ☐ Yes ☐ No ☐ Unk

    c. Direct contact with surfaces contaminated with poultry* feces   ☐ Yes ☐ No ☐ Unk

    d. Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1   ☐ Yes ☐ No ☐ Unk

    e. Close contact (within 1 meter) of a person who was hospitalized or died due to unexplained respiratory illness ☐ Yes ☐ No ☐ Unk

3. Did the patient come in close contact (within 1 meter) of an ill patient who was confirmed or suspected to have H5N1

    ☐ Yes ☐ No ☐ Unk *If yes*, please fill out source case information in ANNEX 1.

4. Did the patient work with live influenza H5N1 virus in laboratory? ☐ Yes ☐ No ☐ Unk *If yes*, please give further detail below.

Comment on exposures listed above: _____
_____
_____

*The definition of poultry is domestic fowls, such as chickens, turkeys, ducks, or geese, raised for meat or eggs.

Section 6.	Travel History

Complete if travel to area with documented or suspected transmission of H5N1 in birds or humans. Use additional pages if necessary.

Leg 1

Departure Date: ____/____/____ Departure City/Country: _____

Arrival Date: ____/____/____ Arrival City/Country: _____

Transport type: ☐ Airline ☐ Train ☐ Auto ☐ Cruise ☐ Bus ☐ Tour group ☐ Other _____

Transport company: _____ Transport number: _____

Residence at arrival city (e.g., hotel, relative's home):_____ Purpose/activities:_____

Contact with live or dead domestic poultry or their excrections (e.g., visited a poultry farm, bird market, etc)? ☐ Yes ☐ No

Comment: _____

Section 6 continued:

<u>Leg 2</u>

Departure Date: ____/____/____ Departure City/Country: _____

Arrival Date: ____/____/____ Arrival City/Country: _____

Transport type: ☐ Airline ☐ Train ☐ Auto ☐ Cruise ☐ Bus ☐ Tour group ☐ Other _____

Transport company: _____ Transport number: _____

Residence at arrival city (e.g., hotel, relative's home):_____ Purpose/activities:_____

Contact with live or dead domestic poultry or their excretions (e.g., visited a poultry farm, bird market, etc)? ☐ Yes ☐ No

Comment: _____

<u>Leg 3</u>

Departure Date: ____/____/____ Departure City/Country: _____

Arrival Date: ____/____/____ Arrival City/Country: _____

Transport type: ☐ Airline ☐ Train ☐ Auto ☐ Cruise ☐ Bus ☐ Tour group ☐ Other _____

Transport company: _____ Transport number: _____

Residence at arrival city (e.g., hotel, relative's home):_____ Purpose/activities:_____

Contact with live or dead domestic poultry or their excretions (e.g., visited a poultry farm, bird market, etc)? ☐ Yes ☐ No

Comment: _____

Section 7.   Local Clinic/Hospital Laboratory Results

NOTE: VIRAL CULTURE SHOULD NOT BE PERFORMED IN SUSPECT AVIAN INFLUENZA CASES

☐ Rapid influenza test: ☐ Neg ☐ Pos ☐ Unk Collection Date: _____/_____/_____

   If positive, result: ☐ Influenza A   ☐ Influenza B   ☐ Influenza A/B, not distinguished

   Specimen type: ☐ nasopharyngeal swab   ☐ nasopharyngeal wash   ☐ oropharyngeal swab   ☐ sputum

   ☐ endotracheal asp   ☐ bronchoalveolar lavage   ☐ pleural fluid   ☐ other, specify _____

   Test performed: ☐ Directigen Flu   ☐ FLU OIA   ☐ QuickVue Influenza Test   ☐ ZstatFlu   ☐ NOW Flu Test

☐ Rapid RSV test: ☐ Neg   ☐ Pos   ☐ Unk   Collection Date: _____/_____/_____

   Specimen type: ☐ nasopharyngeal swab   ☐ nasopharyngeal wash   ☐ oropharyngeal swab   ☐ sputum

   ☐ endotracheal asp   ☐ bronchoalveolar lavage   ☐ pleural fluid   ☐ other, specify_____

☐ Respiratory culture: ☐ Neg   ☐ Pos   ☐ Unk Organism isolated: _____ Collection Date: _____/_____/_____

   Specimen type: ☐ nasopharyngeal swab   ☐ nasopharyngeal wash   ☐ oropharyngeal swab   ☐ sputum

   ☐ endotracheal asp   ☐ bronchoalveolar lavage   ☐ pleural fluid   ☐ other, specify_____

☐ Blood culture: ☐ Neg   ☐ Pos   ☐ Unk Organism isolated: _____ Collection Date: _____/_____/_____

☐ Other test results:

   Test: _____ Result: _____ Collection date: _____/_____/_____

   Test: _____ Result: _____ Collection date: _____/_____/_____

Were other respiratory co- pathogens/bacterial infections detected in the patient? ☐ Yes   ☐ No   ☐ Unk

   If yes, indicate which pathogen(s): _____

Comments: _____

CDHS ID#: _____

Section 8.   Local Public Health Laboratory Results

Influenza A Results (check all tests that were performed):

☐   Rapid influenza test: ☐ Neg   ☐ Pos   ☐ Unk   Collection Date: _____/_____/_____

       Specimen type: ☐ oropharyngeal swab   ☐ nasopharyngeal wash   ☐ nasopharyngeal swab   ☐ sputum

                ☐ endotracheal asp   ☐ bronchoalveolar lavage   ☐ pleural fluid   ☐ other, specify_____

       Test performed: ☐ Directigen Flu   ☐ FLU OIA   ☐ QuickVue Influenza Test   ☐ ZstatFlu   ☐ NOW Flu Test

☐   DFA: ☐ Neg   ☐ Pos   ☐ Unk   Collection Date: _____/_____/_____

       *S*pecimen type: ☐ oropharyngeal swab   ☐ nasopharyngeal wash   ☐ nasopharyngeal swab   ☐ sputum

                ☐ endotracheal asp   ☐ bronchoalveolar lavage   ☐ pleural fluid   ☐ other, specify_____

☐   PCR for influenza   ☐ Neg   ☐ Pos   ☐ Unk   Collection Date: _____/_____/_____

       Specimen type: ☐ oropharyngeal swab   ☐ nasopharyngeal wash   ☐ nasopharyngeal swab   ☐ sputum

                ☐ endotracheal asp   ☐ bronchoalveolar lavage   ☐ pleural fluid   ☐ other, specify_____

       If subtyping available: ☐ H1 positive   ☐ H3 positive   ☐ H5 positive   ☐ untypeable   ☐ other, specify _____

Were respiratory co-pathogens other than influenza A detected by PCR or other testing? ☐ Yes   ☐ No   ☐ Unk

       If yes, check pathogen: ☐ influenza B   ☐ RSV   ☐ adenovirus   ☐ human metapneumovirus   ☐ other _____

       Method of detection: ☐ EIA   ☐ DFA   ☐ PCR   ☐ other, specify _____

Comments: _____

Section 9.   Trace Forward Contact Information

Trace –forward contact information refers to those individuals the patient has had contact with **since** becoming ill. In WHO Pandemic Phase 3, CDHS recommends that information be collected on all "trace-forward" contacts for the purposes of symptom monitoring, laboratory testing and possible administration of antiviral medication. A sample template for recording trace-forward contact information is provided in Annex 2.

Section 10.   Submitted by:

Last Name: _____ First Name: _____ Phone: (____)_____

Affiliation: _____ County: _____Fax:_____ E-mail: _____

If you would like to consult with a member of the avian influenza team at CDHS, please contact the CDHS Duty Officer of the Day, or the CDHS Viral and Rickettsial Disease Laboratory (Janice Louie or Carol Glaser).

Section 11.   Additional Comments

4

Annex 1.   Source Case Information

Please complete <u>Annex 1</u> to provide source case information for a patient with *any* history of contact with a known or suspected human case of influenza A (H5N1) within 10 days of symptom onset.

Was the source case a laboratory-confirmed case of influenza A (H5N1)?   ☐ Yes   ☐ No   ☐ Unk

List country/area(s) where contact with the source case occurred: _____

_____

Name: _____ Age:_____ ☐ Years ☐ Months   Gender: ☐ Male ☐ Female

Address: _____

City/Province: _____ Telephone: (____)_____

Nature of contact: ☐ Household   ☐ Co-worker   ☐ Health care   ☐ Other, specify _____

Please describe the nature of the contact: _____

Date of patient's last exposure to source case: _____/_____/_____

Comments: _____

_____

ANNEX 2: AVIAN INFLUENZA A (H5N1) CONTACT FOLLOW-UP SHEET

For use in WHO Pandemic Phase 3

For each contact to a laboratory-confirmed influenza A (H5N1) case, record the information itemized below. Besides household contacts, consider best friends and the information they can provide about contacts that the case may have had. Medical personnel who had contact with the case's oral secretions should also be reported.

Full Name of Contact/Associate <u>Last</u> First	DOB or Age	Type of Contact[1]	Contact Information <u>Phone Number</u> Address	Symptoms[2]	Influenza Test Result		Antivirals		Vaccinated	Quarantined	Isolation
							Prophylaxis	Treatment			
				Yes No	H5N1	Pos Neg UNK ND	Yes Date: _____ Drug: _____ No Reason: _____ _____	Yes Date: _____ Drug: _____ No Reason:_____ _____	Yes No UNK	Yes No	Yes No
				Onset Date	REGULAR	Pos Neg UNK ND					
				Yes No	H5N1	Pos Neg UNK ND	Yes Date: _____ Drug: _____ No Reason:_____ _____	Yes Date: _____ Drug: _____ No Reason:_____ _____	Yes No UNK	Yes No	Yes No
				Onset Date	REGULAR	Pos Neg UNK ND					
				Yes No	H5N1	Pos Neg UNK ND	Yes Date: _____ Drug: _____ No Reason:_____ _____	Yes Date: _____ Drug: _____ No Reason:_____ _____	Yes No UNK	Yes No	Yes No
				Onset Date	REGULAR	Pos Neg UNK ND					
				Yes No	H5N1	Pos Neg UNK ND	Yes Date: _____ Drug: _____ No Reason:_____ _____	Yes Date: _____ Drug: _____ No Reason:_____ _____	Yes No UNK	Yes No	Yes No
				Onset Date	REGULAR	Pos Neg UNK ND					

1. Type of contact:
(1) Health care worker (HCW) providing direct patient care to suspect cases;
(2) Close contacts: persons in close proximity (1 meter) and with prolonged exposure to the case such as those who have shared a defined setting (household, extended family, hospital or other residential institution);
(3) Close contacts: persons who otherwise had direct contact with respiratory, oral or nasal secretions (e.g. face to face during coughing or sneezing, sharing water bottles or kissing) during the infectious period (1 day prior to symptom onset to 14 days after symptom onset).

2. Symptoms: Monitor for fever and/or respiratory symptoms for 10 days after the last date of exposure to the confirmed case.
- <u>Close contacts/HCWs with fever</u> should be placed on isolation precautions for suspect H5N1 patients. After specimen collection, treat with antivirals on the assumption of H5N1 infection; complete clinical evaluation.
- <u>Close contacts/HCWs with respiratory symptoms but no fever</u> should remain at home in isolation until H5N1 is ruled out by laboratory testing. Decisions on whether to treat a close contact/HCW with other symptoms but no fever should be made on a case-by-case basis but a specimen should be collected prior to treatment. Consider arranging for H5N1 testing if respiratory symptoms are present.
- Consider post-exposure prophylaxis for <u>asymptomatic close contacts/HCWs</u> who have had an unprotected exposure to infectious aerosols or other secretions. Collect appropriate specimens prior to starting treatment.
- If testing of contact is positive for H5N1, fill out a new case report form. Continue precautions for 14 days post-onset and if not already done, start treatment with antivirals for case and treat complications, as indicated

6

Annex 3.   **(To be filled out by DHS personnel)**

VRDL Results:

☐   DFA: ☐ Neg   ☐ Pos   ☐ Unk   Collection Date: _____/_____/_____

      *S*pecimen type: ☐ oropharyngeal swab   ☐ nasopharyngeal wash   ☐ nasopharyngeal swab   ☐ sputum

                                ☐ endotracheal asp   ☐ bronchoalveolar lavage   ☐ pleural fluid   ☐ other, specify_____

☐   PCR for influenza   ☐ Neg   ☐ Pos   ☐ Unk   Collection Date: _____/_____/_____

      Specimen type: ☐ oropharyngeal swab   ☐ nasopharyngeal wash   ☐ nasopharyngeal swab   ☐ sputum

                                  ☐ endotracheal asp   ☐ bronchoalveolar lavage   ☐ pleural fluid

                                  ☐ biopsy/autopsy tissue, specify source_____

                                  ☐ other specimen type, specify_____

      Subtyping result: ☐ H1 positive   ☐ H3 positive   ☐ H5 positive   ☐ untypeable   ☐ other _____

      PCR for other pathogens   ☐ Neg   ☐ Pos   ☐ Not done   ☐ Unk

      If yes, check pathogen: ☐ influenza B   ☐ RSV   ☐ adenovirus   ☐ human metapneumovirus   ☐ parainfluenza 1-3

                                 ☐ enterovirus   ☐ coronavirus   ☐ Legionella   ☐ Chlaymdia   ☐ Mycoplasma

                                 ☐ other _____

      Other test results:

      Test: _____   Result: _____   Collection date: _____/_____/_____

      Test: _____   Result: _____   Collection date: _____/_____/_____

Notes: _____

_____

_____

_____

CDC Results (if available):

      Date of specimen: ____/_____/____

      Specimen type: ☐ oropharyngeal swab   ☐ nasopharyngeal wash   ☐ nasopharyngeal swab   ☐ endotracheal asp
                       ☐ sputum   ☐ bronchoalveolar lavage   ☐ pleural fluid   ☐ blood/serum
                       ☐ biopsy/autopsy tissue, specify source _____
                       ☐ other specimen type, specify_____

      Results:_____

           _____

           _____

CDC Contact:

      Last Name: _____   First Name: _____   Phone: (____)_____

      E-mail: _____   Date reported to CDC: _____/____/_____   CDC ID#: _____

AVIAN INFLUENZA FORM for WebCMR

VARIABLES	Name	Type/ Length	Format	Code Sets	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
PATIENT INFORMATION						
Patient's last name	lastName	C25	Free Text			
Patient's first name	firstName	C25	Free Text			
Patient's middle initial	midInit	C1	Free Text			
Street address	streetAddress	C25	Free Text			
City	residenceCity	C25	Free Text			
State	residenceState	C2	Free Text			
County	residenceCounty	C25	Free Text			
Home telephone	hPhone	Number	(999)999-9999			
Work telephone	wPhone	Number	(999)999-9999			
Age at onset	ageAtOnset	Number	0-100			
Age in years or months	ageUnit	Number		1=Years, 2=Months		
Date of birth	birthDate	Date/Time	MM/DD/YYYY			
Gender	gender	Number		1=Male, 2=Female		
Ethnicity	ethnicity	Number		1=Hispanic/Latino, 2=Non-Hispanic/Non-Latino		
Race: Native American/Alaskan Native	rAmericanIndian	Yes/No				
Race: Asian	rAsian	Yes/No				
Race: Pacific Islander	rPacificIslander	Yes/No				
Race: African-American/Black	rAfricanAmerican	Yes/No				
Race: White	rWhite	Yes/No				
Race: Other	rOther	Yes/No				
Race: Unknown	rUnknown	Yes/No				
Nationality/Citizenship	nationality	C25	Free Text			
Residency	residency	Number		1=U.S. Resident, 2=Non-U.S. Resident		
Specify patient occupation	occupation	C25	Free Text			
Is patient a health care worker?	healthWorker	Number		1=Yes, 2=No, 9=Unk		
Type of health care worker	hcwType	Number		1=Physician, 2=Nurse/PA, 3=Laboratory, 8=Other		
Type of health care worker, other	hcwTypeOther	C25	Free Text			
Place of employment	employment	Number		1=Hospital, 2=Long Term Care Facility, 3=Laboratory, 4=Ambulatory Care, 8=Other		
Place of employment, other	employmentOther	C25	Free Text			
Direct patient care?	dCare	Number		1=Yes, 2=No, 9=Unk		

AVIAN INFLUENZA FORM for WebCMR

VARIABLES	Name	Type/ Length	Format	Code Sets	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
RISK FACTORS FOR COMPLICATIONS						
Cardiac disease	cardiac	Yes/No				
Cardiac disease, comments	cardiacComment	C50	Free Text			
Chronic lung disease	chronic	Yes/No				
Chronic lung disease, comments	chronicComment	C50	Free Text			
Chronic metabolic/renal	metabolic	Yes/No				
Chronic metabolic/renal, comments	metabolicComment	C50	Free Text			
Chronic neurologic	neurologic	Yes/No				
Chronic neurologic, comments	neurologicComment	C50	Free Text			
Immunosuppression	immunosuppression	Yes/No				
Immunosuppression, comments	immunosuppressionComment	C50	Free Text			
Child on chronic aspirin therapy	aspirinTherapy	Yes/No				
Child on chronic aspirin therapy, comments	aspirinTherapyComment	C50	Free Text			
Hemoglobinopathy	hemoglobinopathy	Yes/No				
Hemoglobinopathy, comments	hemoglobinopathyComment	C50	Free Text			
Pregnancy	pregnancy	Yes/No				
Pregnancy, comments	pregnancyComment	C50	Free Text			
Nursing home resident/institutionalized	nurse	Yes/No				
Nursing home resident/institutionalized, comments	nurseComment	C50	Free Text			
Other underlying illness	other	Yes/No				
Other underlying illness, comments	otherComment	C50	Free Text			
SIGNS AND SYMPTOMS						
Date of initial symptom onset	initSymp	Date	MM/DD/YYYY			
Fever	fever	Number		1=Yes, 2=No, 9=Unk		
If yes, date of fever onset	feverDate	Date	MM/DD/YYYY			
If yes, temperature >38 deg Celsius	feverDeg	Number		1=Yes, 2=No, 9=Unk		
Chills	chills	Yes/No				
Rigors	rigors	Yes/No				
Myalgias	myalgias	Yes/No				
Headache	headache	Yes/No				
Sore throat	soreThroat	Yes/No				
Runny nose/congestion	runNose	Yes/No				
Conjunctivitis	conj	Yes/No				
Cough	cough	Yes/No				
Wheezing	wheez	Yes/No				
Shortness of breath	shortBreath	Yes/No				
Bloody respiratory secretions	brs	Yes/No				
Otitis	otitis	Yes/No				
Diarrhea	diarrhea	Yes/No				
Nausea/vomiting	nv	Yes/No				
Abdominal pain	abdominal	Yes/No				
Apnea	apnea	Yes/No				
Lethargy	lethargy	Yes/No				
Altered mental status	altered	Yes/No				
Other influenza-associated symptoms	otherSym	Yes/No				
Other influenza-associated symptoms, specify	otherSymText	C50	Free Text			
Viral pneumonia	viralPneu	Yes/No				
Encephalitis	enceph	Yes/No				
Myocarditis	myo	Yes/No				
Seizures	seizures	Yes/No				
Sepsis	sepsis	Yes/No				
Reyes Syndrome	reyes	Yes/No				
Multi-organ failure	multi	Yes/No				
2nd degree bacterial pneumonia	bacterialPneu	Yes/No				
Other complications	otherComp	Yes/No				
Other complications, specify	otherCompText	C50	Free Text			
Antiviral medications	antiViral	Number		1=Yes, 2=No, 9=Unk		
Amantadine	amant	Yes/No				
Rimantadine	rimant	Yes/No				
Oseltamivir	osel	Yes/No				
Zanamavir	zan	Yes/No				
Dose	dose	C10	Free Text			
Date antiviral started	antiviralStart	Date	MM/DD/YYYY			
Date antiviral completed	antiviralComplete	Date	MM/DD/YYYY			
Current season flu vaccine	vaccine	Number		1=Yes, 2=No, 9=Unk		
Date of current season flu vaccine	vaccineDate	Date	MM/DD/YYYY			
Signs and symptoms comments	comments	C100	Free Text			

AVIAN INFLUENZA FORM for WebCMR

VARIABLES	Name	Type/ Length	Format	Code Sets	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
CLINICAL STATUS						
Date of first clinical evaluation	evalDate	Date	MM/DD/YYYY			
Hct	hct	C5				
Platelet	platelet	C5				
WBC	wbc	C5				
Differential	diff	C25				
AST	ast	C5				
ALT	alt	C5				
Alk phos	alkphos	C5				
Tbili	tbili	C5				
LDH	ldh	C5				
CPK	cpk	C5				
BUN	bun	C5				
Creatinine	creat	C5				
Chest X-ray or CAT scan?	chestXray	Number		1=Yes, 2=No, 9=Unk		
Date of chest X-ray or CAT scan	chestXrayDate	Date	MM/DD/YYYY			
Evidence of pneumonia or respiratory distress?	pneuEvidence	Number		1=Yes, 2=No, 9=Unk		
Chest X-ray/CAT scan comments/interpretation	chestXrayComments	C100	Free Text			
Hospitalized >24 hours?	hospitalized	Number		1=Yes, 2=No, 9=Unk		
Name of hospital	hName	C25	Free Text			
Medical record number	mr	C25	Free Text			
City	hCity	C25	Free Text			
County/State	hCountyState	C30	Free Text			
Date of admission	admitDate	Date	MM/DD/YYYY			
Date of discharge	dischargeDate	Date	MM/DD/YYYY			
Transferred from another clinic after onset?	transfer	Number		1=Yes, 2=No, 9=Unk		
Original clinic/facility name	tClinic	C25	Free Text			
Dates seen/hospitalized	tDate	Date	MM/DD/YYYY	MM/DD/YYYY-MM/DD/YYYY		
ICU	icu	Number		1=Yes, 2=No, 9=Unk		
Mechanical ventilation	vent	Number		1=Yes, 2=No, 9=Unk		
Patient death	death	Number		1=Yes, 2=No, 9=Unk		
Date of death	deathDate	Date	MM/DD/YYYY			
Autopsy performed?	autopsy	Number		1=Yes, 2=No, 9=Unk		
Pathologist name	pathName	C25	Free Text			
Pathologist phone number	pathPhone	Number	(999)999-9999			
EPI RISK FACTORS						
Recent travel to area with H5N1?	didTravel	Number		1=Yes, 2=No, 9=Unk		
Direct poultry contact	poultryContact	Number		1=Yes, 2=No, 9=Unk		
Consumption of poultry	consumption	Number		1=Yes, 2=No, 9=Unk		
Direct contact with poultry feces	contactFeces	Number		1=Yes, 2=No, 9=Unk		
Direct contact with sick or dead birds	contactBirds	Number		1=Yes, 2=No, 9=Unk		
Close contact with person with unexplained illness	closeContactFlu	Number		1=Yes, 2=No, 9=Unk		
Close contact with suspect H5N1 case	closeContactH5N1	Number		1=Yes, 2=No, 9=Unk		
Work with live H5N1 virus in lab	contactLab	Number		1=Yes, 2=No, 9=Unk		
Exposure comments	exposureComments	C250	Free Text			

AVIAN INFLUENZA FORM for WebCMR

VARIABLES	Name	Type/ Length	Format	Code Sets	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
TRAVEL HISTORY						
Leg 1 departure date	departDate1	Date	MM/DD/YYYY			
Leg 1 departure city/country	departLoc1	C25	Free Text			
Leg 1 arrival date	arrivalDate1	Date	MM/DD/YYYY			
Leg 1 arrival city/country	arrivalLoc1	C25	Free Text			
Leg 1 transport type	transportType1	Number		1=Airline, 2=Train, 3=Auto, 4=Cruise, 5=Bus, 6=Tour group, 8=Other		
Leg 1 other transport type, specify	transportTypeOther1	C25	Free Text			
Leg 1 residence	arrivalResidence1	C25	Free Text			
Leg 1 purpose	arrivalPurpose1	C25	Free Text			
Leg 1 poultry contact	arrivalContact1	Number		1=Yes, 2=No		
Leg 1 comment	commentLeg1	C250	Free Text			
Leg 2 departure date	departDate2	Date	MM/DD/YYYY			
Leg 2 departure city/country	departLoc2	C25	Free Text			
Leg 2 arrival date	arrivalDate2	Date	MM/DD/YYYY			
Leg 2 arrival city/country	arrivalLoc2	C25	Free Text			
Leg 2 transport type	transportType2	Number		1=Airline, 2=Train, 3=Auto, 4=Cruise, 5=Bus, 6=Tour group, 8=Other		
Leg 2 other transport type, specify	transportTypeOther2	C25	Free Text			
Leg 2 residence	arrivalResidence2	C25	Free Text			
Leg 2 purpose	arrivalPurpose2	C25	Free Text			
Leg 2 poultry contact	arrivalContact2	Number		1=Yes, 2=No		
Leg 2 comment	commentLeg2	C250	Free Text			
Leg 3 departure date	departDate3	Date	MM/DD/YYYY			
Leg 3 departure city/country	departLoc3	C25	Free Text			
Leg 3 arrival date	arrivalDate3	Date	MM/DD/YYYY			
Leg 3 arrival city/country	arrivalLoc3	C25	Free Text			
Leg 3 transport type	transportType3	Number		1=Airline, 2=Train, 3=Auto, 4=Cruise, 5=Bus, 6=Tour group, 8=Other		
Leg 3 other transport type, specify	transportTypeOther3	C25	Free Text			
Leg 3 residence	arrivalResidence3	C25	Free Text			
Leg 3 purpose	arrivalPurpose3	C25	Free Text			
Leg 3 poultry contact	arrivalContact3	Number		1=Yes, 2=No		
Leg 3 comment	commentLeg3	C250	Free Text			

AVIAN INFLUENZA FORM for WebCMR

VARIABLES	Name	Type/ Length	Format	Code Sets	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
CLINIC/HOSPITAL LAB RESULTS						
Rapid influenza test	hospRapidFlu	Number		1=Neg, 2=Pos, 9=Unk		
Rapid influenza test collection date	hospRapidFluDate	Date	MM/DD/YYYY			
Rapid influenza test result	hospRapidFluResult	Number		1=Influenza A, 2=Influenza B, 3=Influenza A/B		
Rapid influenza test specimen type	hospRapidFluSpec	Number		1=nasopharyngeal swab, 2=nasopharyngeal wash, 3=orapharyngeal swab, 4=sputum, 5=endotracheal asp, 6=bronchalveolar lavage, 7=pleural fluid, 8=other		
Rapid influenza test specimen type, other	hospRapidFluSpecOther	C25	Free Text			
Rapid influenza test performed	hospRapidFluType	Number		1=Directigen Flu, 2=FLU OIA, 3=QuickVue, 4=ZstatFlu, 5=NOW Flu Test		
Rapid RSV test	hospRapidRSV	Number		1=Neg, 2=Pos, 9=Unk		
Rapid RSV test collection date	hospRapidRSVDate	Date	MM/DD/YYYY			
Rapid RSV test specimen type	hospRapidRSVSpec	Number		1=nasopharyngeal swab, 2=nasopharyngeal wash, 3=orapharyngeal swab, 4=sputum, 5=endotracheal asp, 6=bronchalveolar lavage, 7=pleural fluid, 8=other		
Rapid RSV test specimen type, other	hospRapidRSVSpecOther	C25	Free Text			
Respiratory culture	hospRC	Number		1=Neg, 2=Pos, 9=Unk		
Respiratory culture organism isolated	hospRCorganism	C25	Free Text			
Respiratory culture collection date	hospRCdate	Date	MM/DD/YYYY			
Respiratory culture specimen type	hospRCspec	Number		1=nasopharyngeal swab, 2=nasopharyngeal wash, 3=orapharyngeal swab, 4=sputum, 5=endotracheal asp, 6=bronchalveolar lavage, 7=pleural fluid, 8=other		
Blood culture	hospBC	Number		1=Neg, 2=Pos, 9=Unk		
Blood culture organism isolated	hospBCorganism	C25	Free Text			
Blood culture collection date	hospBCdate	Date	MM/DD/YYYY			
Other test 1	hospOtherTest1	C25	Free Text			
Other test 1 result	hospOtherTest1result	C25	Free Text			
Other test 1 collection date	hospOtherTest1date	Date	MM/DD/YYYY			
Other test 2	hospOtherTest2	C25	Free Text			
Other test 2 result	hospOtherTest2result	C25	Free Text			
Other test 2 collection date	hospOtherTest2date	Date	MM/DD/YYYY			
Respiratory co-pathogens or bacterial infections	hospCopathogens	Number		1=Yes, 2=No, 9=Unk		
Co-pathogens, specify	hospCopathogensSpec	C50	Free Text			
Comments on clinic/hospital lab results	hospComments	C250	Free Text			
LOCAL PHL RESULTS						
Rapid influenza test	phRapidFlu	Number		1=Neg, 2=Pos, 9=Unk		
Rapid influenza test collection date	phRapidFluDate	Date	MM/DD/YYYY			
Rapid influenza test specimen type	phRapidFluSpec	Number		1=nasopharyngeal swab, 2=nasopharyngeal wash, 3=orapharyngeal swab, 4=sputum, 5=endotracheal asp, 6=bronchalveolar lavage, 7=pleural fluid, 8=other		
Rapid influenza test specimen type, other	phRapidFluSpecOther	C25	Free Text			
Rapid influenza test performed	phRapidFluType	Number		1=Directigen Flu, 2=FLU OIA, 3=QuickVue, 4=ZstatFlu, 5=NOW Flu Test		
DFA	phDFA	Number		1=Neg, 2=Pos, 9=Unk		
DFA collection date	phDFAdate	Date	MM/DD/YYYY			
DFA specimen type	phDFASpec	Number		1=nasopharyngeal swab, 2=nasopharyngeal wash, 3=orapharyngeal swab, 4=sputum, 5=endotracheal asp, 6=bronchalveolar lavage, 7=pleural fluid, 8=other		
DFA specimen type, other	phDFASpecOther	C25	Free Text			
PCR	phPCR	Number		1=Neg, 2=Pos, 9=Unk		
PCR collection date	phPCRdate	Date	MM/DD/YYYY			
PCR specimen type	phPCRSpec	Number		1=nasopharyngeal swab, 2=nasopharyngeal wash, 3=orapharyngeal swab, 4=sputum, 5=endotracheal asp, 6=bronchalveolar lavage, 7=pleural fluid, 8=other		
PCR specimen type, other	phPCRSpecOther	C25	Free Text			
PCR subtyping	phPCRSubtype	Number		1=H1, 2=H3, 3=H5, 4=Untypeable, 8=Other		
PCR subtyping, other	phPCRSubtypeOther	C25	Free Text			
Respiratory co-pathogens or bacterial infections	phCopathogens	Number		1=Yes, 2=No, 9=Unk		

Co-pathogens, specify	phCopathogensSpec	Number		1=influenza B, 2=RSV, 3=adenovirus, 4=human metapneumovirus, 8=other		
Co-pathogens other, specify	phCopathOtherSpec	C25	Free Text			
Co-pathogens method of detection	phCopathogensTest	Number		1=EIA, 2=DFA, 3=PCR, 8=Other		
Co-pathogens other method of detection, specify	phCopathOtherTest	C25	Free Text			
Comments, PHL testing	phComments	C250	Free Text			
SUBMITTER						
Last name	sNameLast	C25	Free Text			
First name	sNameFirst	C25	Free Text			
Phone	sPhone	Number	(999)999-9999			
Affiliation	sAffiliation	C50	Free Text			
County	sCounty	C25	Free Text			
Fax	sFax	Number	(999)999-9999			
Email	sEmail	C25	Free Text			

1

PERTUSSIS DEATH WORKSHEET

NETSS ID: [   ]   **STATE ID:** [   ]

Patients Initials: [   ]   **Sex:** ❑ Male   ❑ Female

Date of Birth: [   ]   **Race*:** [   ]   **Ethnicity*:** [   ]

Date of Cough Onset: [   ]   **Reporting State:** [   ]

Date of Death: [   ]   **Report Completed By:**
                                        Telephone #:

Where did the patient die? ? Home   ? Hospital   ? En route to hospital   ? Other (Specify) _____

Was an autopsy performed?   ❑ Yes   ❑ No   ❑ Unknown

CHECKLIST OF DOCUMENTS TO BE SENT TO CDC

Send to: **The Pertussis Surveillance Coordinator, MS E61, BVPD Branch, Epidemiology and Surveillance Division, National Immunization Program, Centers for Disease Control, 1600 Clifton Road NE, Atlanta, GA 30333. Fax # 404-639-8616**

No.	Document**	Yes/No
1	*Pertussis case investigation form*	
2	*Copy of all patient's vaccination records*	
3	*Admission history and physical (H&P)*	
4	*Discharge summary*	
5	*All medical records, including Emergency Dept notes and lab results****	
6	*Death certificate*	
7	*Autopsy report*	

PATIENT'S VACCINATION INFORMATION

DOSE	Antigen (Circle one)	DATE GIVEN	BRAND/ MANUFACTURER	LOT NUMBER	DATA SOURCE [‡]
First	DTP/ DTaP/ DT				
Second	DTP/ DTaP/ DT				
Third	DTP/ DTaP/ DT				
Fourth	DTP/ DTaP/ DT				
Fifth	DTP/ DTaP/ DT				

* Please use the same codes as in the Pertussis Case Report Worksheet

**Please obtain information from each hospital

*** Medical chart/record also includes inpatient progress notes, X-ray reports, echocardiography reports, Doctor's Office notes, vaccination records, lab reports

[‡]Data Source: Provider Record=1; Parent vaccination card=2; Other baby record (e.g. baby book)=3; Parent's History (no record)=4; Other source=5 (please specify).

2

DOCTOR'S OFFICE/CLINIC/EMERGENCY DEPARTMENT VISITS

Please list the dates and name of all clinics or doctor's offices/emergency department visits made by the patient for this illness in chronological order.

Date of Visit	Name and Address of Clinic, Doctor's Office, or Emergency Department visited	Telephone No.

CLINICAL DATA

Was the patient hospitalized? ❏ Yes   ❏ No   ❏ Unknown

Please list the admission date(s) and discharge dates/transfer dates for this illness in chronological order.

Hospital name	Date of Admission	Date of Discharge/ transfer	Discharge Diagnosis

RESPIRATORY SUPPORT:

	Yes/No	Date Started
Supplemental O_2 without intubation e.g. mask		
Supplemental O_2 via endotracheal intubation		
Continuous mechanical ventilation		
High Frequency Oscillatory Ventilation		
Extra Corporeal Membrane Oxygenation		

LABORATORY STUDIES: (Including tests obtained 30 days before onset of illness)

Specimen	Collection Date	Culture Result	PCR	DFA	ELISA
Nasopharyngeal - *B. pertussis*					
-RSV					
-Adenovirus					
-Influenza					
-Parainfluenza					
- Other (specify pathogen)					
Blood					
	Date	Count			
Total WBC Count (Initial)			% Lymphocyte		
Highest WBC Count			% Lymphocyte		

3

OTHER STUDIES

	Yes/No	Date done	Result
Chest X-ray			
Echocardiography			

Was pulmonary hypertension a diagnosis in this patient? ❑ Yes ❑ No   ❑ Unknown

Was the patient treated with antibiotic s?   ❑ Yes ❑ No   ❑ Unknown

If Yes, please list all the antibiotics and the dates when given.

Name of Antibiotic Given	Date Started	Date Ended

OTHER MEDICAL AND FAMILY INFORMATION

What is the birth mother's date of birth? [ ][ ][ ]

At the time of the patient's birth, did the mother have an immune-suppressed or a chronic underlying medical condition?

❑ Yes ❑ No ❑ Unknown

If yes, what is the name of the condition? [   ]

If the patient was <1 year old, what was the gestational age of the infant at the time of delivery?
[   ] Weeks

What was the weight of the infant at birth? [lb   oz]   or   [kg   gm]

Did the patient have underlying or previous medical conditions? ❑ Yes ❑ No   ❑ Unknown

If yes, please give details.

4

In the table below, list everyone who lives in the household, their date of birth, age, sex, the number of doses of pertussis containing vaccine received, and date of the last pertussis vaccine dose, smoking habits at home, and the presence of a cough illness during the 3-week period prior to the cough onset date in the patient. Please indicate if pertussis was the diagnosis for the cough illness, and if so, how pertussis was confirmed.

No.	Relationship to Patient	Date of Birth	Age	Sex	No. doses DTP/ DTaP/DT	Date of last dose	Smoking habits at home		Cough illness in family member during 3-week period prior to cough onset date in case-patient			
							Current smoker (Yes/No)	Avg. no. of cigarettes smoked daily	Cough (Yes/No)	Cough Onset Date	Pertussis diagnosis (Yes/No)	Confirmation method (Culture/ PCR / DFA/None)
1												
2												
3												
4												
5												
6												
7												
8												
9												

During the 3-week period prior to the cough onset, was the patient exposed to anyone **outside of the household** who was known to have a cough illness? ❏ Yes ❏ No ❏ Unknown

If yes, list all persons who had a cough illness and who may have exposed the patient, with the dates of cough onset in the table below.

No.	Relationship to Patient	Date of Birth	Age	Sex	No. doses DTP DTaP/DT vaccine*	Date of last Dose	Cough onset date	Date cough stopped	Pertussis Diagnosis	Confirmation Method (Culture/ PCR/DFA/ None)
1										
2										
3										
4										
5										

* Indicate type of vaccine if available

PERTUSSIS DEATH
WORKSHEET for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
CASE/PATIENT INFORMATION					
NETSS ID	NETSSID	C9			
IZ Branch Case ID Number (State ID)	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Patient's Initials	INITIAL	C3			
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Cough onset date	COUGH_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
Date of death	DEATHDAT	Num Date	MMDDCCYY	on or after BIRTHDAT	
Case gender	GENDER	C1	M=Male,F=Female		
Case ethnicity	ETHNICIT	C1	0=Not Hispanic or Not Latino, 1=Hispanic or Latino, 2 = Unknown		Note: paper form does not have list, it only requires that same codes that are on Pertussis Case Reporting Form are used.
Case race (check all that apply)					Note: paper form does not have list, it only requires that same codes that are on Pertussis Case Reporting Form are used.
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
Case Investigator Completing Form	INVESTGR	C25	Free Text		
Investigator Telephone	INVPHONE	C20	Free Text		

**PERTUSSIS DEATH
WORKSHEET for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Investigator's LHD or Jurisdiction	INV_LHD	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		Note: This variable is not on the paper form. However, without this information, it is difficult to track specific cases since other identifying information (Case name, address, etc.) is not included
Where did the patient Die	LOCATION	C1	1 = Home, 2 = Hospital, 3 = En route to Hospital, 4 = Other		
Specify if patient died in other location	LOC_OTH	C25	Free Text		
Was an autopsy performed?	AUTOPSY	C1	Y=Yes, N=No, U=Unknown		
CHECKLIST OF DOCUMENTS TO BE SENT TO CDC					
1. Pertussis Case Investigation Form	PERT_FORM	C1	Y=Yes, N=No, U=Unknown		
2. Copy of all patient's vaccination records	VAC_HIST	C1	Y=Yes, N=No, U=Unknown		
3. Admission history and physical (H & P)	H_P	C1	Y=Yes, N=No, U=Unknown		
4. Discharge Summary	DISCH_SUM	C1	Y=Yes, N=No, U=Unknown		
5. All medical records, including Emergency Dept notes and lab results	MED_RECS	C1	Y=Yes, N=No, U=Unknown		
6. Death Certificate	DEATH_CERT	C1	Y=Yes, N=No, U=Unknown		
7. Autopsy report	AUT_REP	C1	Y=Yes, N=No, U=Unknown		
PATIENT'S VACCINATION INFORMATION					
First Dose Antigen Type	VAC1_ANTIG	C1	1 = DTP, 2 = DTaP, 3 = DT, 4 = TdaP		Note: 4 = TdaP is not on the form (newly licensed vaccine), but may be used in rare cases
First Dose Date Given	VAC1_DATE	Num Date	MMDDCCYY		
First Dose Brand/Manufacturer	VAC1_BRAND	C15	Free Text	on or after BIRTHDAT	
First Dose Lot Number	VAC1_LOT	C15	Free Text		
First Dose Data Source	VAC1_SRC	C1	1 = Provider Record, 2 = Parent vaccination card, 3 = Other baby record (baby book), 4 = Parent's History (no record), 5 = Other Source (please specify)		

**PERTUSSIS DEATH
WORKSHEET for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
First Dose Data Source Specified if Other	VAC1_OTH	C25	Free Text		
Second Dose Antigen Type	VAC2_ANTIG	C1	1 = DTP, 2 = DTaP, 3 = DT, 4 = TdaP		Note: "4 = TdaP" is not on the form (newly licensed vaccine), but may be used in rare cases
Second Dose Date Given	VAC2_DATE	Num Date	MMDDCCYY		
Second Dose Brand/Manufacturer	VAC2_BRAND	C15	Free Text	on or after BIRTHDAT	
Second Dose Lot Number	VAC2_LOT	C15	Free Text		
Second Dose Data Source	VAC2_SRC	C1	1 = Provider Record, 2 = Parent vaccination card, 3 = Other baby record (baby book), 4 = Parent's History (no record), 5 = Other Source (please specify)		
Second Dose Data Source Specified if Other	VAC2_OTH	C25	Free Text		
Third Dose Antigen Type	VAC3_ANTIG	C1	1 = DTP, 2 = DTaP, 3 = DT, 4 = TdaP		Note: "4 = TdaP" is not on the form (newly licensed vaccine), but may be used in rare cases
Third Dose Date Given	VAC3_DATE	Num Date	MMDDCCYY		
Third Dose Brand/Manufacturer	VAC3_BRAND	C15	Free Text	on or after BIRTHDAT	
Third Dose Lot Number	VAC3_LOT	C15	Free Text		
Third Dose Data Source	VAC3_SRC	C1	1 = Provider Record, 2 = Parent vaccination card, 3 = Other baby record (baby book), 4 = Parent's History (no record), 5 = Other Source (please specify)		
Third Dose Data Source Specified if Other	VAC3_OTH	C25	Free Text		
Fourth Dose Antigen Type	VAC4_ANTIG	C1	1 = DTP, 2 = DTaP, 3 = DT, 4 = TdaP		Note:"4 = TdaP" is not on the form (newly licensed vaccine), but may be used in rare cases
Fourth Dose Date Given	VAC4_DATE	Num Date	MMDDCCYY		
Fourth Dose Brand/Manufacturer	VAC4_BRAND	C15	Free Text	on or after BIRTHDAT	
Fourth Dose Lot Number	VAC4_LOT	C15	Free Text		
Fourth Dose Data Source	VAC4_SRC	C1	1 = Provider Record, 2 = Parent vaccination card, 3 = Other baby record (baby book), 4 = Parent's History (no record), 5 = Other Source (please specify)		
Fourth Dose Data Source Specified if Other	VAC4_OTH	C25	Free Text		
Fifth Dose Antigen Type	VAC5_ANTIG	C1	1 = DTP, 2 = DTaP, 3 = DT, 4 = TdaP		Note: "4 = TdaP" is not on the form (newly licensed vaccine), but may be used in rare cases
Fifth Dose Date Given	VAC5_DATE	Num Date	MMDDCCYY		
Fifth Dose Brand/Manufacturer	VAC5_BRAND	C15	Free Text	on or after BIRTHDAT	
Fifth Dose Lot Number	VAC5_LOT	C15	Free Text		
Fifth Dose Data Source	VAC5_SRC	C1	1 = Provider Record, 2 = Parent vaccination card, 3 = Other baby record (baby book), 4 = Parent's History (no record), 5 = Other Source (please specify)		
Fifth Dose Data Source Specified if Other	VAC5_OTH	C25	Free Text		

PERTUSSIS DEATH
WORKSHEET for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
DOCTOR'S OFFICE/CLINIC/EMERGENCY DEPARTMENT VISITS					Separate tab for this section
Date of first visit	VIS1_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	This series of questions has four rows on the paper form, but if possible, can the electronic form can have additional lines added as necessary? I.e., number of rows in this table can be varied for each case?
First Visit: Name of Health Care Setting	VIS1_NAME	C25	Free Text		
First Visit: Address of Health Care Setting	VIS1_ADRS	C50	Free Text		
First Visit: Telephone Number	VIS1_PHONE	C25	Free Text		
Date of second visit	VIS2_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Second Visit: Name of Health Care Setting	VIS2_NAME	C25	Free Text		
Second Visit: Address of Health Care Setting	VIS2_ADRS	C50	Free Text		
Second Visit: Telephone Number	VIS2_PHONE	C25	Free Text		
Date of third visit	VIS3_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Third Visit: Name of Health Care Setting	VIS3_NAME	C25	Free Text		
Third Visit: Address of Health Care Setting	VIS3_ADRS	C50	Free Text		
Third Visit: Telephone Number	VIS3_PHONE	C25	Free Text		
Date of fourth visit	VIS4_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Fourth Visit: Name of Health Care Setting	VIS4_NAME	C25	Free Text		
Fourth Visit: Address of Health Care Setting	VIS4_ADRS	C50	Free Text		
Fourth Visit: Telephone Number	VIS4_PHONE	C25	Free Text		
CLINICAL DATA					Separate tab for this section
Was the patient hospitalized?	HOSPITAL	C1	Y=Yes, N=No, U=Unknown	If = Y, then prompt for H1_HOSPNAME through ECMO_START, else skip to NPBP_DATE	
Please list the admission date(s) and discharge dates/transfer date for this illness in chronological order					
First Hospitalization: Hospital Name	H1_HOSPNAME	C25	Free Text		This series of questions has three rows on the paper form, but if possible, can the electronic form can have additional lines added as necessary? I.e., number of rows in this table can be varied for each case?
First Hospitalization: Date of Admission	H1_ADMIS	Num Date	MMDDCCYY	on or after BIRTHDAT	
First Hospitalization: Date of Discharge/ Transfer	H1_DISCH	Num Date	MMDDCCYY	on or after BIRTHDAT	
First Hospitalization: Discharge Diagnosis	H1_DXDIAG	C25	Free Text		
Second Hospitalization: Hospital Name	H2_HOSPNAME	C25	Free Text		
Second Hospitalization: Date of Admission	H2_ADMIS	Num Date	MMDDCCYY	on or after BIRTHDAT	

**PERTUSSIS DEATH
WORKSHEET for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Second Hospitalization: Date of Discharge/ Transfer	H2_DISCH	Num Date	MMDDCCYY	on or after BIRTHDAT	
Second Hospitalization: Discharge Diagnosis	H2_DXDIAG	C25	Free Text		
Third Hospitalization: Hospital Name	H3_HOSPNAME	C25	Free Text		
Third Hospitalization: Date of Admission	H3_ADMIS	Num Date	MMDDCCYY	on or after BIRTHDAT	
Third Hospitalization: Date of Discharge/ Transfer	H3_DISCH	Num Date	MMDDCCYY	on or after BIRTHDAT	
Third Hospitalization: Discharge Diagnosis	H3_DXDIAG	C25	Free Text		
Respiratory Support					
Supplemental Oxygen, without intubation (e.g., mask)	SUPO2	C1	Y=Yes, N=No, U=Unknown		
Date Supplemental Oxygen, without intubation (e.g., mask), started	SUPO2_START	Num Date	MMDDCCYY	on or after BIRTHDAT	
Supplemental Oxygen, via endotracheal intubation	INTUB	C1	Y=Yes, N=No, U=Unknown		
Date Supplemental Oxygen, via endotracheal intubation, started	INTUB_START	Num Date	MMDDCCYY	on or after BIRTHDAT	
Continuous mechanical ventilation	VENTIL	C1	Y=Yes, N=No, U=Unknown		
Date Continuous mechanical ventilation started	VENTIL_START	Num Date	MMDDCCYY	on or after BIRTHDAT	
High Frequency Oscillatory Ventilation	HFOV	C1	Y=Yes, N=No, U=Unknown		
Date High Frequency Oscillatory Ventilation started	HFOV_START	Num Date	MMDDCCYY	on or after BIRTHDAT	
Extra Corporeal Membrane Oxygenation	ECMO	C1	Y=Yes, N=No, U=Unknown		
Date Extra Corporeal Membrane Oxygenation started	ECMO_START	Num Date	MMDDCCYY	on or after BIRTHDAT	
LABORATORY STUDIES (Including tests obtained 30 days before onset of illness)					Separate tab for this section
Nasopharyngeal B pertussis Collection Date	NPBP_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
NP B pertussis Culture Result	NPBP_CULT	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP B pertussis PCR Result	NPBP_PCR	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP B pertussis DFA Result	NPBP_DFA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP B pertussis ELISA	NPBP_ELISA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
Nasopharyngeal RSV Collection Date	NPRSV_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
NP RSV Culture Result	NPRSV_CULT	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		

**PERTUSSIS DEATH
WORKSHEET for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
NP RSV PCR Result	NPRSV_PCR	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP RSV DFA Result	NPRSV_DFA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP RSV ELISA	NPRSV_ELISA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
Nasopharyngeal Adenovirus Collection Date	NPAD_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
NP Adenovirus Culture Result	NPAD_CULT	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Adenovirus PCR Result	NPAD_PCR	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Adenovirus DFA Result	NPAD_DFA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Adenovirus ELISA	NPAD_ELISA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
Nasopharyngeal Influenza Collection Date	NPFLU_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
NP Influenza Culture Result	NPFLU_CULT	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Influenza PCR Result	NPFLU_PCR	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Influenza DFA Result	NPFLU_DFA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Influenza ELISA	NPFLU_ELISA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
Nasopharyngeal Parainfluenza Collection Date	NPPF_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
NP Parainfluenza Culture Result	NPPF_CULT	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Parainfluenza PCR Result	NPPF_PCR	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Parainfluenza DFA Result	NPPF_DFA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Parainfluenza ELISA	NPPF_ELISA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		

PERTUSSIS DEATH
WORKSHEET for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Nasopharyngeal Collection Date for other testing (Specify)	NPOTH_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT; If completed, prompt for NP_SPEC	
Specify Other viral/bacterial testing	NP_OTH_SPEC	C25	Free Text		
NP Other Culture Result	NPOTH_CULT	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Other PCR Result	NPOTH_PCR	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Other DFA Result	NPOTH_DFA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
NP Other ELISA	NPOTH_ELISA	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
Blood Specimen for Serology - Collection Date	BLD_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Blood Specimen for Serology - Test Results	BLD_RESULT	C50	Free Text		
Total WBC (Initial) - Date Specimen Taken	TWBC_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Total WBC (Initial) - Count	TWBC_COUNT	C10	Free Text		
Total WBC (Initial) - % Lymphocyte	TWBC_LYMP	C10	Free Text		
Highest WBC - Date Specimen Taken	HWBC_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Highest WBC - Count	HWBC_COUNT	C10	Free Text		
Highest WBC - % Lymphocyte	HWBC_LYMP	C10	Free Text		
OTHER STUDIES					Separate tab for this section
Chest X-ray	XRAY	C1	Y=Yes, N=No, U=Unknown	If = Y, then prompt for XRAY_DATE and XRAY_RES, else skip to ECHO	
Chest X-ray Date	XRAY_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Chest X-ray Result	XRAY_RES	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
Echocardiography	ECHO	C1	Y=Yes, N=No, U=Unknown	If = Y, then prompt for ECHO_DATE and ECHO_RES, else skip to PULMO	
Echocardiography Date	ECHO_DATE	Num Date	MMDDCCYY	on or after BIRTHDAT	
Echocardiography Result	ECHO_RES	C1	P=pos, N=neg, I=indeterminate, E=pending; X=not done, S=Parapertussis, U=Unknown		
Was pulmonary hypertension a diagnosis in this patient?	PULMO	C1	Y=Yes, N=No, U=Unknown		
Was the patient treated with antibiotics	ANTIBX	C1	Y=Yes, N=No, U=Unknown	If yes, prompt for ABX_NAME through ABX_END, else skip to M_DOB	
Name of Antibiotic Given	ABX_NAME	C25	Free Text		This series of questions has nine rows on the paper form -- please repeat this question 9x, minimum [i.e, (ABX1 to ABX1_END).....(ABX9 to - ABX9)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (ABX1 to ABX1_END).....(ABXn to - ABXn)]?
Date Antibiotic Started	ABX_START	Num Date	MMDDCCYY	on or after BIRTHDAT	
Date Antibiotic Ended	ABX_END	Num Date	MMDDCCYY	on or after BIRTHDAT	

**PERTUSSIS DEATH
WORKSHEET for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
OTHER MEDICAL AND FAMILY INFORMATION					Separate tab for this section
Mother's date of birth	M_DOB	Num Date	MMDDCCYY	before BIRTHDAT	
At the time of patient's birth, did the mother have an immune-suppressed or a chronic underlying medical condition?	M_UNDER	C1	Y=Yes, N=No, U=Unknown	If yes, prompt for M_CNAME, else skip to GEST_AGE	
If yes, what is the name of this condition?	M_CNAME	C25	Free Text		
If the patient was < 1 year old, what was the gestational age of the infant at the time of delivery?	GEST_AGE	Num			
What was the weight of the infant at birth? (lb and oz or Kg and gm]	B_WGT	C15	Free Text		
Did the patient have underlying medical conditions?	UNDERLY	C1	Y=Yes, N=No, U=Unknown	If yes, prompt for UL_DETLS, else skip to xxxx	
If yes, please give details	UL_DETLS	C50	Free Text		
CONTACTS AND EXPOSURES					Separate tab for this section
In the table below, list everyone who lives in the household					This series of questions has nine rows on the paper form -- please repeat this question 9x, minimum [i.e, (HH1_RELAT to HH1_CONF).....(HH9_RELAT to HH9_CONF)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed?[i.e, (HH1_RELAT to HH1_CONF).....(HHn_RELAT to HHn_CONF)]
Relationship to Patient	HH1_RELAT	C25	Free Text		
DOB	HH1_DOB	Num Date	MMDDCCYY		
Age	HH1_AGE	Num			
Sex	HH1_SEX	C1	M=Male,F=Female		
Number of doses DTP/DTaP/DT/TdaP	HH1_VAX	Num			
Date of last dose	HH1_LAST	Num Date	MMDDCCYY		
Smoking habits at home					
Current Smoker	HH1_SMOKE	C1	Y=Yes, N=No, U=Unknown		
Avg Number of Cigarettes Smoked Daily	HH1_CIGS	Num			
Cough Illness in family members during 3-week period prior to cough onset date in case-patient					
Cough	HH1_COUGH	C1	Y=Yes, N=No, U=Unknown		
Cough onset date	HH1_C_ONS	Num Date	MMDDCCYY		
Pertussis diagnosis	HH1_PERTDX	C1	Y=Yes, N=No, U=Unknown		
Confirmation Method	HH1_CONF	C1	1 = Culture, 2 = PCR, 3 = DFA, 4 = Serology, 5 = None		Added Serology to variable list, not on form.
During the 3-week period prior to cough onset, was the patient exposed to anyone outside of the household who was known to have a cough illness?	COU_EXP	C1	Y=Yes, N=No, U=Unknown		

PERTUSSIS DEATH
WORKSHEET for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
If yes, list all persons on the table below					This series of questions has five rows on the paper form -- please repeat this question 5x, minimum [i.e, (CE1_RELAT to CE1_CONF).....(CE5_RELAT to CE5_CONF)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed? [i.e, (CE1_RELAT to CE1_CONF).....(CE*n*_RELAT to CE*n*_CONF)]
Relationship to Patient	CE1_RELAT	C25	Free Text		
Date of Birth	CE1_DOB	Num Date	MMDDCCYY		
Age	CE1_AGE	Num			
Sex	CE1_SEX	C1	M=Male,F=Female		
Number of doses DTP/DTaP/DT/TdaP	CE1_VAX	Num			
Date of last dose	CE1_LAST	Num Date	MMDDCCYY		
Cough onset date	CE1_C_ONS	Num Date	MMDDCCYY		
Date cough stopped	CE1_C_END	Num Date	MMDDCCYY		
Pertussis diagnosis	CE1_PERTDX	C1	Y=Yes, N=No, U=Unknown		
Confirmation Method	CE1_CONF	C1	1 = Culture, 2 = PCR, 3 = DFA, 4 = Serology, 5 = None		

Supplemental Injecting Drug Use Questionnaire for Tetanus Cases
California Department of Health Services, Immunization Branch

Mail to: CA DHS, Immunization Branch, 850 Marina Bay Parkway, Building P, 2nd Floor, Richmond, CA 94804

Patient Name _____ **County** _____ **Onset** _____

1. **Does the patient have a history of injecting drugs? What is (are) the drug(s) of choice?**

2. **Does the patient have history of injecting heroin? If so, is it in the form of black tar, white powder, both?**

3. **Does the patient inject subcutaneously [skin-popping] or intravenously [mainlining]? Ever injected intramuscularly? Has he changed his method recently?**

4. **How long has the patient been using, and how often?**

5. **Are skin abscesses present? If so, have they been self-incised?**

6. **Are the patient's veins in good or bad condition? In what part of the body has the patient been injecting?**

7. **Where has the patient been obtaining syringes?**

8. **Does the patient use disposable syringes or another type of syringe?**

9. **Has the patient been using a clean needle every time, or re-using? How many times might he re-use?**

10. **Has he done anything different in injecting practices during the 3 weeks prior to illness onset?**

11. **What has he used to dilute the heroin? What was his source of water to prepare the heroin?**

12. **With whom has the patient shared his works?**

13. **What has he used as a cooker (such as a spoon)? What has he used as a cotton, or filter?**

14. **Has he used alcohol or anything else to clean the injection site before injecting?**

15. Was the drug from his usual source, or from someone new?

16. Does he have any idea what the drug was cut with? (e.g., sugar)

17. Was there anything out of the ordinary about the drug he was using before he became sick?

18. Has he been using anything along with the heroin, such as cocaine or methamphetamine?

19. Does the patient know anyone else with tetanus?

20. Does the patient have any idea/hypotheses about how he developed tetanus?

TETANUS IDU WORKSHEET for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
CASE/PATIENT INFORMATION					
IZ Branch Case ID Number (State ID)	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		Residential
Onset date	SYMP_ON	Num Date	MMDDCCYY	on or after BIRTHDAT	
1. Does the patient have a history of injecting drugs? What is (are) the drug(s) of choice?	IDU_HIST	C200	Free Text		
2. Does the patient have history of injecting heroin? If so, is it in the form of black tar, white powder, both?	HEROIN	C200	Free Text		
3. Does the patient inject subcutaneously [skin-popping] or intravenously [mainlining]? Ever injected intramuscularly? Has he changed his method recently?	SKINPOP	C200	Free Text		
4. How long has the patient been using, and how often?	USE_TIME	C200	Free Text		
5. Are skin abscesses present? If so, have they been self-incised?	ABCESSES	C200	Free Text		
6. Are the patient's veins in good or bad condition? In what part of the body has the patient been injecting?	VEINS	C200	Free Text		
7. Where has the patient been obtaining syringes?	SYR_OBT	C200	Free Text		
8. Does the patient use disposable syringes or another type of syringe?	SYR_DISP	C200	Free Text		

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\Tetanus IDU Supplemental Questionnaire Data Dictionary (Created by SIRE Section (CAIDHS-IZ Branch)

192

TETANUS IDU WORKSHEET for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
9. Has the patient been using a clean needle every time, or re-using? How many times might he re-use?	SYR_CLEAN	C200	Free Text		
10. Has he done anything different in injecting practices during the 3 weeks prior to illness onset?	PRACTICE	C200	Free Text		
11.What has he used to dilute the heroin? What was his source of water to prepare the heroin?	DILUTE	C200	Free Text		
12. With whom has the patient shared his works?	SHARED	C200	Free Text		
13. What has he used as a cooker (such as a spoon)? What has he used as a cotton, or filter?	COOKER	C200	Free Text		
14. Has he used alcohol or anything else to clean the injection site before injecting?	CLEAN_SITE	C200	Free Text		
15. Was the drug from his usual source, or from someone new?	SOURCE	C200	Free Text		
16. Does he have any idea what the drug was cut with? (e.g., sugar)	DRUG_CUT	C200	Free Text		
17. Was there anything out of the ordinary about the drug he was using before he became sick?	UNUSUAL	C200	Free Text		
18. Has he been using anything along with the heroin, such as cocaine or methamphetamine?	OTH_DRUG	C200	Free Text		
19. Does the patient know anyone else with tetanus?	OTH_CASE	C200	Free Text		
20. Does the patient have any idea/hypotheses about how he developed tetanus?	HYPOTH	C200	Free Text		

Page 2 of 2

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\Tetanus IDU Supplemental Questionnaire Data Dictionary (Created by SIRB Section Date Cal Ois 07 Branch)

193

California Department of Health Services, Immunization Branch, September 1990

SCHOOL MEASLES OUTBREAK CONTROL
SCHOOL AUDIT FORM

School District: _____ **School Name:** _____ **Page** _____

PUPILS WITH VALID EXEMPTIONS TO IMMUNIZATION REQUIREMENTS

Name	Reason for Exemption	Follow-up***

PBE - Personal beliefs exemption
ME-D-   Medical exemption with physician's written history of prior measles disease, or record of serologic test indicating immunity to measles
MD-Oth- Medical exemption for any other reason.

PUPILS OUT OF COMPLIANCE WITH MEASLES IMMUNIZATION REQUIREMENTS

Name	Date Of Birth	Measles Immunization Date(s)- mo/da/yr	Reason Out of Compliance**	Follow-Up***

** **BB** – Record indicates immunization before 1st birthday.
BM – Immunization in month of first birthday but month and year only and needs day.
INC – Incomplete record. Doesn't include at least month and year of immunization.
NR - No record (includes recent transfer pupils in 30-day waiting period for prior school's records).
UME- Undocumented medical exemption. Needs written M.D. verification.

***   Indicate disposition: If pupil receives vaccine or brings in adequate evidence of prior immunization, write in immunization date. If pupil excluded, so indicate. If pupil brings in documentation of physician diagnosed measles disease or of blood test showing measles immunity, so indicate.

School Measles Outbreak Control - School Audit Form -- Data Dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
School District	SCHDIST	C20	Free Text		
School Name	SCHNAME	C20	Free Text		
PUPILS WITH VALID EXEMPTIONS TO IMMUNIZATION REQUIREMENTS					This series of questions has seven rows on the paper form -- please repeat this question 7x minimum [i.e, (V1_NAME to V1_SECOND).....(V7_NAME to V7_SECOND)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (V1_NAME to V1_SECOND).....(V*n*_NAME to V*n*_SECOND)]?
Pupil Last Name	V1_LNAME	C35	Free Text		
Pupil First Name	V1_FNAME	C25	Free Text		
Reason for Exemption	V1_EXREAS	C15	Free Text		
Follow-up	V1_FOLUP	C1	1 = Brought in documentation of prior immunization, 2 = Brought in documentation of MD diagnosis, 3 = Excluded		Note: paper form indicates immunization dates should be written in this field -- this data moved to following two fields
Immunization Date, first dose	V1_FIRST	Num Date	MMDDCCYY		
Immunization Date, second dose	V1_SECOND	Num Date	MMDDCCYY		
PUPILS OUT OF COMPLIANCE WITH MEALSES IMMUNIZATION REQUIREMENTS					This series of questions has seven rows on the paper form -- please repeat this question 7x minimum [i.e, (C1_NAME to C1_SECOND).....(C7_NAME to C7_SECOND)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C1_NAME to C1_SECOND).....(C*n*_NAME to C*n*_SECOND)]?
Pupil Last Name	C1_LNAME	C35	Free Text		
Pupil First Name	C1_FNAME	C25	Free Text		
Date of Birth	C1_DOB	C15	Free Text		
Immunization Date, first dose	C1_FIRST	Num Date	MMDDCCYY		Note: on form, all IZ dates in this table are in one column
Immunization Date, second dose	C1_SECOND	Num Date	MMDDCCYY		Note: on form, all IZ dates in this table are in one column
Reason out of compliance	C1_REAS	C3	BB = Record indicates immunization before first birthday, BM = Immunization in month of first birthday but month and year only and needs day, INC = Incomplete record doesn't include at least month and year of immunization, UME = Undocumented medical exemption. Needs written MD verification		
Follow-up	C1_FOLUP	C1	1 = Brought in documentation of prior immunization, 2 = Brought in documentation of MD diagnosis, 3 = Excluded		

California Department of Health Services, Immunization Unit, September 2003

**MEASLES (RUBEOLA)
SCHOOL OUTBREAK CONTROL**

SUMMARY OF SCHOOL IMMUNIZATION RECORD AUDIT

Audit Date _____

School Name_____ School phone _____

School District_____ [ ] Private [ ] Public

County_____

Principal's Name _____

School nurse and/or secretary clerk's name_____

- **Total enrollment:** _____

- **Valid exemptions:**
  Personal belief _____ **Medical-D** _____ **Medical-Oth** _____ **Total** _____

- **Out of compliance by reason:**   *For pupils with multiple reasons count one only (first one alphabetically).*

  BB _____   The immunization was received before the first birthday and must be repeated.

  BM _____   The record shows the immunization was received during the month of the first birthday. We cannot tell if it was given before or after the birthday. We need a record showing the <u>exact</u> date of immunization.

  INC _____   The record is legally incomplete; it does not show at least the month and year of immunization.

  NR _____   No record of measles immunization is on file.

  UME _____   Undocumented medical exemption. The record says immunization cannot or need not be given for a medical reason. We must have a letter from a doctor verifying the reason.

  Total _____

Auditor's name(s) _____

Summary of School Immunization Record Audit

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Audit Date	AUD_DATE	Num Date	MMDDCCYY		
Auditor's Name	AUD_NAME	C30	Free Text		Note: this field is at the bottom of the paper form
School Name	SCHNAME	C20	Free Text		
School Phone	SCHPHONE	C15	Free Text		
School Type	SCHTYPE	C15	1 = Public, 2 = Private		
School District	SCHDIST	C20	Free Text		
County	COUNTY	C20	Free Text		
Principal's Name	SCHPRINC	C30	Free Text		
School Nurse Name	SCHNURSE	C30	Free Text		
School Secretary Name	SCHSECT	C30	Free Text		
Total Enrollment	TOT_ENRL	Num4			
Valid Exemptions	VALID_EXM	Num4			
Personal belief	PBE	Num4			
Medical-D	PME_D	Num4			
Medical-Oth	PME_OTH	Num4			
Total Exemptions	TOT_EXMP	Num4			
Out of compliance by reason					
Immunization was received before the first birthday and must be repeated (BB)	NONCOMP_BB	Num4			
The record shows the immunization was received during the month of the first birthday. We cannot tell if it was given before or after the birthday. We need a record showing the exact date of immunization (BM)	NONCOMP_BM	Num4			
The record is legally incomplete; it does nto show at least the month and year of immunization (INC)	NONCOMP_INC	Num4			
No record of measles immunization on file (NR)	NONCOMP_NR	Num4			
Undocumented medical exemption. The record says immunization cannot or need not be given for medical reasons. We must have a letter from a doctor verifying the reason (UME).	NONCOMP_UME	Num4			
Total Out of Compliance	TOT_NONCOMP	Num4			

Form to be included in Proof of Concept (POC) Demonstration

Meningococcal Disease Contact Follow-Up Sheet

For each contact to a meningococcal case that is identified, record the information itemized below. Besides household contacts, consider best friends and the information they can provide about contacts that the case may have had. Medical personnel who had contact with the case's oral secretions (e.g., through mouth-to-mouth resuscitation, etc.) should also be recorded.

NAME	AGE	SEX	TYPE OF CONTACT* (by # below)	DATE(S) OF CONTACT	PHONE NUMBER	ADDRESS	RECOMMENDED PROPHYLAXIS?	PROPHYLAXIS TAKEN? (SELF-REPORT)	OTHER ANTIBIOTICS USED?
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	
							Yes No	Yes No Unk If Yes, which_____	

*Type of contact: (1) Household
(2) Shared food, drinks, cigarettes, lipstick, or other articles put in/on mouth
(3) Intimate social contact
(4) Day care center or preschool center contact
(5) Medical personnel
(6) Other, explain

Meningococcal Disease Contact Follow-up Sheet
**   - Data Dictionary for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
					This series of questions has 11 rows on the paper form -- please repeat this question 11x minimum [i.e, (C1_NAME to C1_OTHABX).....(C11_NAME to C11_OTHABX)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C1_NAME to C1_OTHABX).....(Cn_NAME to Cn_OTHABX)]?
Contact Name	C1_NAME	C30	Free Text		
Age	C1_AGE	Num			
Sex	C1_SEX	C1	M=Male,F=Female		
Type of Contact	C1_TYPE	C1	1 = Household; 2 = Shared food, drinks, cigarettes, lipstick, or other articles put in/on mouth; 3 = Intimate social contact; 4 = Day care center or preschool center contact; 5 = Medical personnel; 6 = Other		
Date(s) of Contact	C1_DATES	C20	Free Text		
Phone Number	C1_PHONE	C15	Free Text		
Address	C1_ADRS	C20	Free Text		
Recommended for Prophylaxis	C1_RECPROPH	C1	Y=Yes, N=No, U=Unknown		
Prophylaxis taken? (self-report)	C1_TAKEPROPH	C1	Y=Yes, N=No, U=Unknown		
If yes, which	C1_WHPROPH	C10	Free Text		
Other antiboitics used	C1_OTHABX	C20	Free Text		

Pertussis Contact Follow-Up Sheet (Individual Contacts)

Complete for all known individuals exposed to case during infectious period (beginning of cold-like symptoms through 21 days after paroxysmal cough onset OR 5 days after appropriate antibiotic treatment started)

Close contacts include those who have had: Direct contact with respiratory, oral or nasal secretions from a symptomatic case (e.g., an explosive cough or sneeze in the face, sharing food/ eating utensils during a meal, kissing); Shared confined space in close proximity for a prolonged period of time; such as ≥ 1 hour with a symptomatic case. **High-risk contacts** are contacts of a pertussis case who may transmit disease to persons at high risk for severe illness and adverse outcomes (e.g., infants < 6 mos; unimmunized children; immunocompromised persons; persons who have underlying severe disease such as chronic lung disease or cystic fibrosis). For more information, please refer to the *Pertussis Case and Outbreak Quicksheet.*

CONTACT NAME	AGE	TYPE OF CONTACT* (by # below)	ADDRESS	PHONE NUMBER	DATE(S) OF CONTACT	VACCINATED? (Date of last vaccination)	PROPHY-LAXIS GIVEN?	OUTCOME (Ill 21 days after exposure?)

*Type of contact:
1. Household
2. Close Contact (see definition above)
3. High Risk Contacts (see definition above)
4. Child Care Setting (Day Care or Preschool)
5. School
6. Hospital
7. Other Medical Setting
8. Other, explain

Revised: April 2007

Pertussis Contact Follow-Up Sheet (Group Contacts)

Group Contacts: Complete for all groups (School, School Bus, Preschool or Day Care, Team, Club, Playgroup, Church, Clinic Waiting Room, Etc.) exposed to case during infectious period (from beginning of cold-like symptoms through 21 days after paroxysmal cough onset)

Close contacts include those who have had: Direct contact with respiratory, oral or nasal secretions from a symptomatic case (e.g., an explosive cough or sneeze in the face, sharing food/ eating utensils during a meal, kissing); Shared confined space in close proximity for a prolonged period of time; such as ≥ 1 hour with a symptomatic case. **High-risk contacts** are contacts of a pertussis case who may transmit disease to persons at high risk for severe illness and adverse outcomes (e.g., infants < 6 mos; unimmunized children; immunocompromised persons; persons who have underlying severe disease such as chronic lung disease or cystic fibrosis). For more information, please refer to the *Pertussis Case and Outbreak Quicksheet.*

GROUP NAME	NAME OF CONTACT PERSON	ADDRESS/PHONE OF CONTACT PERSON	DATE(S) OF CONTACT	NUMBER OF CLOSE CONTACTS TO CASE	NUMBER REFERRED FOR PRO-PHYLAXIS	SURV. FOR ILLNESS (21 days after exposure)	OUTCOME (Any ill?)	COMMENTS

Revised: April 2007

**Pertussis Contact Follow-up Sheet - Data
Dictionary for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
INDIVIDUAL CONTACTS					This series of questions has 10 rows on the paper form -- please repeat this question 10x minimum [i.e, (C1_NAME to C1_OUTCOME).....(C10_NAME to C10_OUTCOME)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C1_NAME to C1_OUTCOME).....(Cn_NAME to Cn_OUTCOME)]?
Contact Name	C1_NAME	C30	Free Text		
Age	C1_AGE	Num			
Type of Contact	C1_TYPE	C1	1 = Household; 2 = Close Contact; 3 = High Risk Contact; 4 = Child Care Setting; 5 = School; 6 = Hospital; 7 = Other Medical Setting; 8 = Other		
Address	C1_ADRS	C20	Free Text		
Phone Number	C1_PHONE	C15	Free Text		
Date(s) of Contact	C1_DATES	C20	Free Text		
Vaccinated?	C1_VACC	C1	Y=Yes, N=No, U=Unknown		
If yes, date of last vaccination	C1_VACDATE	Num Date	MMDDCCYY		Note: on paper form, this question is combined with last one
Prophylaxis given	C1_PROPH	C1	Y=Yes, N=No, U=Unknown		
Outcome (ill 21 days after exposure?)	C1_OUTCOME	C10	Free Text		
GROUP CONTACTS					This series of questions has 10 rows on the paper form -- please repeat this question 10x minimum [i.e, (G1_NAME to G1COMMENTS).....(G10_NAME to G10COMMENTS)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (G1_NAME to G1COMMENTS).....(Gn_NAME to GnCOMMENTS)]?
GROUP NAME	G1_NAME	C30	Free Text		
NAME OF CONTACT PERSON	G1_CONTACT	Num			
ADDRESS/PHONE OF CONTACT PERSON	G1_ADRS	C30	Free Text		
Date(s) of Contact	G1_DATES	C20	Free Text		
Number of close contacts to case	G1_CLOSE	Num			
Number referred for prophylaxis	G1_PROPHY	Num			
Surveillance for illness (21 days after exposure)	G1_SURV	C1	Y=Yes, N=No, U=Unknown		
Outcome (Any ill?)	G1_OUTCOME	C1	Y=Yes, N=No, U=Unknown		
Comments	G1COMMENTS	C25	Free Text		

VACCINATION/MEDICAL HISTORY

Received one or more doses of measles containing vaccine (MCV)

☐ Yes ☐ No ☐ Unknown

Number of doses

Vaccination dates—Dose 1	Dose 2	Dose 3
____/____/_____	____/____/_____	____/____/_____

Reason not vaccinated (check only one)
1 ☐ Personal Beliefs Exemption (PBE)   4 ☐ Lab confirmation of previous disease   7 ☐ Delay in starting series or between doses
2 ☐ Permanent Medical Exemption (PME)   5 ☐ MD Diagnosis of previous disease   8 ☐ Other
3 ☐ Temporary Medical Exemption   6 ☐ Under age for vaccination   9 ☐ Unknown

Prior MD diagnosed measles (see reason 5)	Pregnant	Immunocompromised
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

EXPOSURE/TRAVEL HISTORY

Acquisition setting *(check all that apply)*:
1 ☐ Day care   4 ☐ Hospital ward   7 ☐ Home   10 ☐ College   13 ☐ Church
2 ☐ School   5 ☐ Hospital ER   8 ☐ Work   11 ☐ Military   14 ☐ International travel
3 ☐ Doctor's office   6 ☐ Outpatient hospital clinic   9 ☐ Unknown   12 ☐ Correctional Facility   15 ☐ Other

Recent travel or arrival from other country or state within 18 days of rash onset   ☐ Yes ☐ No ☐ Unknown

Countries or states visited	Dates in countries or states visited	Date of arrival in California
		____/____/_____

Close contact with person(s) with rash 8–17 days before rash onset   ☐ Yes ☐ No ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)	Same Household
1		____/____/_____			☐ Yes ☐ No ☐ Unknown
2		____/____/_____			☐ Yes ☐ No ☐ Unknown
3		____/____/_____			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a confirmed case	Case name or Case ID	Outbreak related	Outbreak name or location
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

Import status *(FOR LHD USE)*	Linked to imported case *(FOR LHD USE)*
☐ Indigenous ☐ Out-of-state import ☐ International import	☐ Yes ☐ No ☐ Unknown

Import status *(FOR STATE USE ONLY)*	Linked to imported case *(FOR STATE USE ONLY)*
☐ Indigenous ☐ Out-of-state import ☐ International import	☐ Yes ☐ No ☐ Unknown

CONTACT INVESTIGATION

Spread setting *(check all that apply)*
1 ☐ Day care   4 ☐ Hospital ward   7 ☐ Home   10 ☐ College   13 ☐ Church
2 ☐ School   5 ☐ Hospital ER   8 ☐ Work   11 ☐ Military   14 ☐ International travel
3 ☐ Doctor's office   6 ☐ Outpatient hospital clinic   9 ☐ Unknown   12 ☐ Correctional Facility   15 ☐ Other

Number of susceptible contacts | Close contacts who have rash 8–17 days after exposure to case

☐ Yes ☐ No ☐ Unknown

	Name of Case Contact	Rash Onset Date	Relationship	Age (Years)
1		____/____/_____		
2		____/____/_____		
3		____/____/_____		

Please list other contacts on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION *(FOR LHD USE)*	CASE CLASSIFICATION (FOR STATE USE ONLY)
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown	☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

MEASLES CASE CLASSIFICATION

Clinical Case Definition: An illness characterized by all the following: a generalized rash lasting greater than or equal to 3 days; a temperature greater than or equal to 101.0 $^{\circ}$ F (greater than or equal to 38.3 $^{\circ}$C); cough, coryza, or conjunctivitis
Laboratory criteria for diagnosis – positive serologic test for measles immunoglobulin M antibody, or significant rise in measles antibody level by any standard serologic assay, or isolation of measles virus from a clinical specimen

Case Classification:
Suspected: any febrile illness accompanied by rash
Probable: a case that meets the clinical case definition, has noncontributory or no serologic or virologic testing, and is not epidemiologically linked to a confirmed case
Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed case. A laboratory-confirmed case does not need to meet the clinical case definition.

Measles Contact Follow-up Sheet - Data Dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
INDIVIDUAL CONTACTS					This series of questions has 8 rows on the paper form -- please repeat this question 10x minimum [i.e, (C1_NAME to C1_OUTCOME).....(C8_NAME to C8_OUTCOME)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C1_NAME to C1_OUTCOME).....(Cn_NAME to Cn_OUTCOME)]?
Contact Name, Relation to Case, Age	C1_NAME	C50	Free Text		
Exposure Dates	C1_DATES	C20	Free Text		
Address	C1_ADRS	C20	Free Text		
Phone Number	C1_PHONE	C15	Free Text		
Isolation Instructions given	C1_ISOLATION	C1	Y=Yes, N=No, U=Unknown		
Prior Measles Vaccination	C1_VACC	C1	Y=Yes, N=No, U=Unknown		
Vaccination Record Actually Seen	C1_VACREC	C1	Y=Yes, N=No, U=Unknown		
Prior MD Diagnosed Measles	C1_MDDX	C1	Y=Yes, N=No, U=Unknown		
Vaccine/IG Administered	C1_ADMIN	C1	1 = Given, 2 = Referred to MD		
Referred to MD?	C1_REFMD	C1	Y=Yes, N=No, U=Unknown		
Surveillance for Illness (Continue until Exp Date + 15 Days)	C1_SURV	C1	Y=Yes, N=No, U=Unknown		
Outcome (ill after exposure?)	C1_OUTCOME	C1	Y=Yes, N=No, U=Unknown		
GROUP CONTACTS					This series of questions has 4 rows on the paper form -- please repeat this question 4x minimum [i.e, (G1_NAME to G1COMMENTS).....(G4_NAME to G4COMMENTS)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (G1_NAME to G1COMMENTS).....(Gn_NAME to GnCOMMENTS)]?
Name of Group	G1_NAME	C30	Free Text		
NAME OF CONTACT PERSON	G1_CONTACT	C20	Free Text		
ADDRESS/PHONE OF CONTACT PERSON	G1_ADRS	C30	Free Text		
Exposure Dates	G1_DATES	C20	Free Text		
Isolation Instructions given	G1_ISOLATION	C1	Y=Yes, N=No, U=Unknown		
Number of susceptibles identified	G1_SUSC	Num			
Number given vaccine/IG	G1_VACC	Num			
Number Referred to MD/Clinic for vaccine/IG	G1_REF	Num			
Surveillance for Illness (Continue until Exp Date + 15 Days)	G1_SURV	C1	Y=Yes, N=No, U=Unknown		
Outcome (Any ill?)	G1_OUTCOME	C1	Y=Yes, N=No, U=Unknown		
Comments	G1COMMENTS	C25	Free Text		

**Measles Contact Follow-up Sheet - Data
Dictionary for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
SECONDARY CONTACTS					This series of questions has 2 rows on the paper form -- please repeat this question 2x minimum [i.e, (S1_NAME to S1COMMENTS).....(S2_NAME to S2COMMENTS)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (S1_NAME to S1COMMENTS).....(Sn_NAME to SnCOMMENTS)]?
Name of Group	S1_NAME	C30	Free Text		
NAME OF CONTACT PERSON	S1_CONTACT	C20	Free Text		
ADDRESS/PHONE OF CONTACT PERSON	S1_ADRS	C30	Free Text		
Exposure Dates	S1_DATES	C20	Free Text		
Number of susceptibles identified	S1_SUSC	Num			
Number given vaccine/IG	S1_VACC	Num			
Number Referred to MD/Clinic for vaccine/IG	S1_REF	Num			
Surveillance for Illness (Continue until Exp Date + 30 Days)	S1_SURV	C1	Y=Yes, N=No, U=Unknown		
Outcome (Any ill?)	S1_OUTCOME	C1	Y=Yes, N=No, U=Unknown		
Comments	G1COMMENTS	C25	Free Text		
INFO					Separate tab for this section
Investigator name	INVEST	C30	Free Text		
Investigator address	INVEST_ADRS	C30	Free Text		
Investigator phone	INVEST_PH	C15	Free Text		
Date form completed	FORMDATE	Num Date	MMDDCCYY		

Varicella Contact Follow-Up Sheet (Individual Contacts)

Complete for all known individuals exposed to case during infectious period (2 days before onset through 5 days after onset)

*Exposure can be defined as any direct physical or face-to-face (nontransient) contact or ≥ 1 hour of room contact with an infectious person. For more information, please refer to the *Varicella Case and Outbreak Quicksheet.*

CONTACT NAME	AGE	TYPE OF CONTACT* (by # below)	ADDRESS	PHONE NUMBER	DATE(S) OF CONTACT	VACC-INATED? (# of doses)	PRIOR DISEASE?	POST-EXPOSURE VACC. OR VZIG?	OUTCOME (Ill 14-21 days after exposure?)

*Type of contact:
1. Household
2. Child care facility, kindergarten, elementary school, middle school
3. High School, College
4. Residential Institutions (i.e., homeless shelters, prison/jail, juvenile hall, long term care facilities)
5. Hospital
6. Other Medical Setting
7. Other, explain

Revised: April 2007

Page 1 of 2

Varicella Contact Follow-Up Sheet (Group Contacts)

Complete for all groups exposed to case during infectious period, *2 days before onset through 5 days after onset (i.e., School, School Bus, Preschool or Day Care, Team, Club, Playgroup, Church, Clinic Waiting Room, Etc.)*

*Exposure can be defined as any direct physical or face-to-face (nontransient) contact or ≥ 1 hour of room contact with an infectious person. For more information, please refer to the *Varicella Case and Outbreak Quicksheet.*

GROUP NAME	NAME OF CONTACT PERSON	ADDRESS/PHONE OF CONTACT PERSON	DATE(S) OF CONTACT	NUMBER OF CLOSE CONTACTS TO CASE	NUMBER REFERRED FOR POST-EXP PRO-PHYLAXIS or VZIG	SURV. FOR ILLNESS (14-21 days after exposure)	OUTCOME - Any ill?	COMMENTS

Revised: April 2007

**Varicella Contact Follow-up Sheet - Data
Dictionary for WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
INDIVIDUAL CONTACTS					This series of questions has 10 rows on the paper form -- please repeat this question 10x minimum [i.e, (C1_NAME to C1_OUTCOME).....(C10_NAME to C10_OUTCOME)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C1_NAME to C1_OUTCOME).....(C*n*_NAME to C*n*_OUTCOME)]?
Contact Name	C1_NAME	C30	Free Text		
Age	C1_AGE	Num			
Type of Contact	C1_TYPE	C1	1 = Household; 2 = Child care facility, kindergarten, elementary school, middle school; 3 = High school, college; 4 = Residential Institutions; 5 = Hospital; 6 = Other Medical Setting; 7 = Other		
Address	C1_ADRS	C20	Free Text		
Phone Number	C1_PHONE	C15	Free Text		
Date(s) of Contact	C1_DATES	C20	Free Text		
Vaccinated? (Number of doses)	C1_VACC	Num			
Prior Disease?	C1_PRIORDX	C1	Y=Yes, N=No, U=Unknown		
Post-exposure vaccination or VZIG	C1_POSTEX	C1	Y=Yes, N=No, U=Unknown		
Outcome (ill 14-21 days after exposure?)	C1_OUTCOME	C10	Free Text		
GROUP CONTACTS					This series of questions has 10 rows on the paper form -- please repeat this question 10x minimum [i.e, (G1_NAME to G1COMMENTS).....(G10_NAME to G10COMMENTS)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (G1_NAME to G1COMMENTS).....(G*n*_NAME to G*n*COMMENTS)]?
GROUP NAME	G1_NAME	C30	Free Text		
NAME OF CONTACT PERSON	G1_CONTACT	C20	Free Text		
ADDRESS/PHONE OF CONTACT PERSON	G1_ADRS	C30	Free Text		
Date(s) of Contact	G1_DATES	C20	Free Text		
Number of close contacts to case	G1_CLOSE	Num			
Number referred for post-exposure vaccination or VZIG	G1_POSTEXP	Num			
Surveillance for illness (14 - 21 days after exposure)	G1_SURV	C1	Y=Yes, N=No, U=Unknown		
Outcome (Any ill?)	G1_OUTCOME	C1	Y=Yes, N=No, U=Unknown		
Comments	G1COMMENTS	C25	Free Text		

VACCINATION/MEDICAL HISTORY

Received one or more doses of rubella-containing vaccine

☐ Yes ☐ No ☐ Unknown

Number of doses

Vaccination dates—Dose 1
_____/_____/_____

Dose 2
_____/_____/_____

Dose 3
_____/_____/_____

Reason for not being vaccinated *(check one)*:

1 ☐ Personal Beliefs Exemption (PBE)
2 ☐ Permanent Medical Exemption (PME)
3 ☐ Temporary Medical Exemption

4 ☐ Lab confirmation of previous disease
5 ☐ MD diagnosis of previous disease
6 ☐ Underage for vaccination

7 ☐ Delay in starting series or between doses
8 ☐ Other
9 ☐ Unknown

Prior MD diagnosed rubella

☐ Yes ☐ No ☐ Unknown

Pregnant

☐ Yes ☐ No ☐ Unknown

Immunocompromised

☐ Yes ☐ No ☐ Unknown

EXPOSURE/TRAVEL HISTORY

Acquisition setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office

4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic

7 ☐ Home
8 ☐ Work
9 ☐ Unknown

10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility

13 ☐ Church
14 ☐ International travel
15 ☐ Other

Recent travel or arrival from other country or state within 23 days of rash onset   ☐ Yes   ☐ No   ☐ Unknown

Countries or states visited

Dates in countries or states visited

Date of arrival in California
_____/_____/_____

Close contact with either person(s) with rash or person(s) with congenital rubella syndrome (CRS) 12–23 days before rash onset

☐ Yes   ☐ No   ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)	Same Household
1		_____/_____/_____			☐ Yes ☐ No ☐ Unknown
2		_____/_____/_____			☐ Yes ☐ No ☐ Unknown
3		_____/_____/_____			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a (lab confirmed) case

☐ Yes ☐ No ☐ Unknown

Case name or Case ID

Outbreak-related

☐ Yes ☐ No ☐ Unknown

Outbreak name or location

Import status *(FOR LHD USE)*

☐ Indigenous   ☐ Out-of-state import   ☐ International import

Linked to imported case *(FOR LHD USE)*

☐ Yes ☐ No ☐ Unknown

Import status *(FOR STATE USE ONLY)*

☐ Indigenous   ☐ Out-of-state import   ☐ International import

Linked to imported case *(FOR STATE USE ONLY)*

☐ Yes ☐ No ☐ Unknown

CONTACT INVESTIGATION

Spread setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office

4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic

7 ☐ Home
8 ☐ Work
9 ☐ Unknown

10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility

13 ☐ Church
14 ☐ International travel
15 ☐ Other

Number of susceptible contacts

Number of susceptible contacts who are pregnant

Were there close contacts who have rash 12–23 days after exposure to case?

☐ Yes ☐ No ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)
1		_____/_____/_____		
2		_____/_____/_____		
3		_____/_____/_____		

Please list other contacts on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION *(FOR LHD USE)*	CASE CLASSIFICATION *(FOR STATE USE ONLY)*
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown	☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

RUBELLA CASE CLASSIFICATION

Clinical Case Definition: An illness that has all the following characteristics:

Acute onset of generalized maculopapular rash; Temperature greater than 99.0 °F (greater than 37.2 °C), if measured; Arthralgia/arthritis, lymphadenopathy, or conjunctivitis

Laboratory criteria for diagnosis; Isolation of rubella virus or significant rise between acute- and convalescent-phase titers in serum rubella immunoglobulin G antibody level by any standard erologic assay; or Positive serologic test for rubella immunoglobulin M (IgM) antibody.

Case Classification:

Suspected: any generalized rash illness of acute onset

Probable: a case that meets the clinical case definition, has no or noncontributory serologic or virologic testing, and is not epidemiologically linked to a laboratory-confirmed case.

Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a laboratory-confirmed case.

Rubella Contact Follow-up Sheet - Data Dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
CONTACTS WHO ARE IN THE FIRST FIVE MONTHS OF PREGNANCY					This series of questions has 3 sections on the paper form -- please repeat this question 3x minimum [i.e, (C1_NAME to C1_SEROACT).....(C3_NAME to C3_SEROACT)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (C1_NAME to C1_SEROACT).....(Cn_NAME to Cn_SEROACT)]?
Contact Name	C1_NAME	C50	Free Text		
Phone Number	C1_PHONE	C15	Free Text		
Address	C1_ADRS	C20	Free Text		
Documented prior rubella immunization	C1_VACC	C1	Y=Yes, N=No, U=Unknown		Note: On paper form, this question has a typo -- "Documented prior to rubella vaccination" is incorrect…use the phrase included in this data dictionary instead
If Yes, date of vaccination	C1_VACDAT	Num Date	MMDDCCYY		
If unknown, action taken	C1_VACACT	C10	Free Text		
Documented rubella seropositivity before or within seven days after first exposed	C1_SERO	C1	Y=Yes, N=No, U=Unknown		
If yes, date of rubella serology test	C1_SERODT	Num Date	MMDDCCYY		
If unknown, action taken	C1_SEROACT	C10	Free Text		
GROUP CONTACTS					This series of questions has 3 rows on the paper form -- please repeat this question 3x minimum [i.e, (G1_NAME to G1COMMENTS).....(G3_NAME to G3COMMENTS)]. However, if there are more rows needed, extra pages are appended. To correct for this, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (G1_NAME to G1COMMENTS).....(Gn_NAME to GnCOMMENTS)]?
Name of Group	G1_NAME	C30	Free Text		
NAME OF CONTACT PERSON	G1_CONTACT	C30	Free Text		
PHONE OF CONTACT PERSON	G1_PHONE	C15	Free Text		
ADDRESS OF CONTACT PERSON	G1_ADRS	C30	Free Text		
Notes/Comments	G1COMMENTS	C20	Free Text		
OTHER CONTACTS					
Other Contacts/Notes	NOTES	C100	Free Text		
INFO					Separate tab for this section
Investigator name	INVEST	C30	Free Text		
Investigator address	INVEST_ADRS	C30	Free Text		
Investigator phone	INVEST_PH	C15	Free Text		
Date form completed	FORMDATE	Num Date	MMDDCCYY		

CONGENITAL RUBELLA SYNDROME-MATERNAL QUESTIONNAIRE
Immunization Unit, California DHS, December, 1990

CRS Case NAME: _____

Last   First

Date of Birth: _____ County of Birth: _____

Hospital of Birth: _____

Mother's NAME: _____

Last   First

DEMOGRAPHICS (MOTHER)

Address: _____

Street   City   Zip

Age: _____ Date of Birth: _____

Place of Mother's Birth: _____

City   State   Country (if not USA)

When first arrived in U.S. (if not born in U.S.): _____

When first arrived in Los Angeles County: _____

RACE/ETHNICITY (MOTHER)

Hispanic: _____

White-non-Hispanic: _____

Black-non-Hispanic: _____

American Indian: _____

Asian or Pacific Islander: _____ If Asian or Pacific Islander, check which one of the following is most appropriate:

- ☐ Chinese
- ☐ Japanese
- ☐ Korean
- ☐ Filipino
- ☐ Asian Indian
- ☐ Cambodian (Non-Hmong)
- ☐ Laotian (Non-Hmong)
- ☐ Hmong
- ☐ Vietnamese (Non-Hmong)
- ☐ Thai
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Guamaniar
- ☐ Samoan
- ☐ Hawaiian

Other (Specify): _____

SOCIOECONOMIC STATUS (MOTHER)

Occupation: _____

If married, what's your husband's occupation? _____

Did you go to college? ☐ yes ☐ no

   If "yes", college name/location: _____

      How many years attended? _____

      Last year attended: 19____

   If "no", how far did you go in school?

      Highest grade level completed: _____

      Last year went to school: 19____

      Location of last school: School name: _____

         attended   City: _____

               State/Country: _____

Do you have private health insurance or an HMO? ☐ yes ☐ no ☐ unk/refuse

Ever been on Medi-Cal? ☐ yes ☐ no ☐ unk/refuse

Ever in the WIC Program? ☐ yes ☐ no ☐ unk/refuse

Ever receive AFDC? ☐ yes ☐ no ☐ unk/refuse

How many people live with you? Number under age 18: _____ Number age 18 and older: _____

How many rooms are in your house or apartment? _____ How many bedrooms? _____

IMMUNIZATION HISTORY

Have you ever received rubella (German measles) vaccine or combined measles-rubella (MR) or measles-mumps-rubella (MMR vaccine? ☐ yes ☐ no ☐ uncertain/refuse

If "yes", or "uncertain", do you have an immunization record here that I could look at? ☐ yes ☐ no ☐ refuse

If "yes", review record and record rubella, MR, MMR immunization date(s)

_____   _____
mo/day/yr   mo/day/yr

If you don't have your immunization record here, would your parent(s) have it? ☐ yes ☐ no

If "yes", could we visit them to see it? ☐ yes ☐ no

Parent's name/address: _____

_____

If you don't have your immunization record here, do you remember the name and location of the doctor or clinic where you got the rubella shot? ☐ yes ☐ no

Physician/Clinic name/address: _____

_____

Were you ever in the military service? ☐ yes ☐ no ☐ refuse

If "yes", Branch of the Service: _____   Years: 19____ to 19____

PREMARITAL RUBELLA SEROTESTING

Have you ever been married? ☐ yes ☐ no ☐ refuse

If "yes", what year did you get married? (If married more than once, list each year) _____ ☐ refuse

Where did you (last) get married? _____   _____ ☐ refuse
(State)   (Country--if outside U.S.)

If got married (last time) in the U.S.: Did you have a blood test for rubella (German measles) when you got married?
☐ yes   ☐ no   ☐ unk (refuse)

If "yes": What was the result? ☐ positive (immune)   ☐ negative (susceptible)   ☐ unk/refuse

If had test or uncertain: Do you know the name of the doctor or clinic where this test was done?

_____
(name, location)

_____

PRIOR OBSTETRICAL HISTORY

Did you ever attend a family planning clinic? ☐ yes ☐ no ☐ unk/refuse   If "yes", family planning clinics name/location:

If so, when? _____   _____

Were you tested for rubella (German measles)? ☐ yes ☐ no ☐ unk/refuse

What was the result?   ☐ positive (immune) ☐ negative (susceptible) ☐ unk/refuse

Number of prior pregnancies: _____
Number # live births: _____
Stillbirths: _____
Number of abortions or miscarriages: _____

Prenatal care in prior pregnancies, including TAB's, miscarriages, stillbirths:

Year of birth/ miscarriages, etc?	Had prenatal care?	If "yes", name/location of physician/clinic/hospital
_____	☐ yes ☐ no	_____
_____	☐ yes ☐ no	_____
_____	☐ yes ☐ no	_____
_____	☐ yes ☐ no	_____

Rubella (German measles) blood test done in any of these pregnancies? ☐ yes ☐ no ☐ unk/refuse

If "yes", what was result? ☐ positive (immune) ☐ negative (susceptible) ☐ unk/refuse

If rubella blood test done, name/location of physician/clinic/hospital where it was done?:

_____

Do you have any other children age 15 months or older? ☐ yes _____ (number) ☐ no ☐ unk/refuse

If "yes", how many of these children have had a rubella or MMR vaccine shot? ☐ yes _____ (number) ☐ unk/refuse

PRENATAL CARE THIS LAST PREGNANCY

For this last pregnancy, did you receive prenatal care? ☐ yes ☐ no ☐ unk/refuse

If "yes", where (hospital/MD/clinic dame/location):_____

_____

At which month of pregnancy did you start your prenatal care?_____ ☐ unk/refuse

Total number of prenatal care visits: _____ ☐ unk/refuse

Did you have a test done for Rubella during this pregnancy? ☐ yes ☐ no ☐ unk/refuse

If so, do you know the results? ☐ pos (immune) ☐ neg (susceptible) ☐ unk/refuse

RASH ILLNESS HISTORY THIS PREGNANCY

Were you outside of California at any time during this last pregnancy? ☐ yes ☐ no ☐ unk/refuse

If "yes",_____   _____ ☐ refuse

           month(s) of pregnancy   State/Country

During this last pregnancy do you remember having a rash illness? ☐ yes ☐ no

If yes,

During which month of pregnancy? _____ ☐ unk/refuse

How long did the rash last? _____ days ☐ unk/refuse

(Check all that apply:)

Was the rash on your:

     Face   _____

     Chest   _____

     Abdomen   _____

     Arms and/or legs _____

     Other   _____

When you had the rash, did you also have:

     Cough   _____

     Red or watery eyes   _____

     Fever   _____

     Eyes bothered by light   _____

     Painful or swollen joints   _____

     Sore throat   _____

     Swollen glands in the back of your neck _____

     Malaise (feeling weak or sick)   _____

Did you see someone for the rash? ☐ doctor/clinic/hospital ☐ curandero ☐ none ☐ unk/refuse

If doctor/clinic/hospital: Name: _____

Telephone/address:_____

What did they say caused the rash?_____ ☐ unk/refuse

During this last pregnancy, were you exposed to anyone with a rash illness? ☐ yes ☐ no ☐ unk/refuse

If "yes", at what month of pregnancy: _____ month ☐ unk/refuse

What was his/her relation to you (e.g., brother, co-worker, etc)?:_____

Where were you when you were exposed to this person?:_____

How long where you exposed to him/her? _____ minutes _____ hours _____ days ☐ unk/refuse

What did his/her rash look like?_____

Were you in any of the following places during the first 5 months of this last pregnancy? (check all that apply):   ☐ unk/ref.

Day care/school _____

Church _____

Emergency room _____

Medical clinic _____

In prison/jail _____⎤ If "yes" to any of these:

Visited a prison or jail _____ Jail/prison name and location:

Other household member in

jail/prison or visited a jail/prison _____⎦ _____

Time you were in jail, visited jail, or other member of your household was

in or visited jail?: _____

month(s), year

COST OF CRS INFANT'S MEDICAL CARE

For this last pregnancy:

Baby's current age: _____

(months)

How long was your baby in the hospital after he/she was born?_____ days   ☐ unk/refuse

Has he/she had to go back into the hospital again? ☐ yes   ☐ no   ☐ refuse

If "yes", number of times _____

If "yes", number of days in hospital _____

Has he/she had any operations? ☐ yes   ☐ no   ☐ unk/refuse

If "yes", type of operation(s): _____   ☐ unk/refuse

Aside from hospitalizations, how many times have you taken him/her to the doctor's office or clinic?_____

(Number of time.,

Has he/she had any other special health care? ☐ yes   ☐ no   ☐ unk/refuse

If "yes", describe:_____

_____

INTERVIEWER NAME/ADDRESS/PHONE:

_____

_____

INTERVIEW DATE(S): _____

CONGENITAL RUBELLA SYNDROME MATERNAL SURVEY - Data dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically popul	Separate tab for this section
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Hospital of Birth	HOSP_BIRTH	C25	Free Text		
Patient File Number	HB_PFN	C15	Free Text		
MOTHER'S DEMOGRAPHIC INFORMATION					
Mother's Last Name	M_LNAME	C35	Free Text		
Mother's First Name	M_FNAME	C25	Free Text		
Mother's Address (Street, City, Zip)	M_ADRS				
Mother's Age	M_AGE				
Mother's Date of Birth	M_DOB				
Mother's Place of Birth (City, State, Country)	M_POB				
When mother first arrived in U.S. (if not born in U.S.)	M_ARR_US				
When first arrived in County	M_ARR_CO				

CONGENITAL RUBELLA SYNDROME MATERNAL SURVEY - Data dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Mother's ethnicity	ETHNICIT	C1	0=Not Hispanic or Not Latino, 1=Hispanic or Latino, 2 = Unknown		Note: Paper form does not have separate ethinicity variable, but this format matches all other IZB forms
Mother's race (check all that apply)				check all that apply, new coding different from NETSS and AVSS	Note: Paper form has different format and values for Race variable, but this format matches all other IZB forms
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
MOTHER'S SOCIOECONOMIC STATUS					Separate tab for this section
Occupation	MAT_OCCUP	C25	Free Text		
If married, what is your husband's occupation?	PAT_OCCUP	C50	Free Text		
Did you go to college?	MCOLLEGE	C1	Y=Yes, N=No, U=Unknown		
If yes, college name/location	MCOL_NAME	C25	Free Text		
How many years attended?	MCOL_DUR	Num			
Last year attended college	MCOL_YR	C4	Free Text		
If no, how far did you go in school? Highest grade level completed	M_HI_GR	C2	Free Text		
Last year attended school	MLASTYR	C4	Free Text		
Last school attended name	MSCHNAME	C25	Free Text		
Last school attended City	MSCHCITY	C25	Free Text		
Last school attended State/Country	MSCHSTATE	C25	Free Text		
Do you have private health insurance or an HMO?	M_INSUR	C1	Y=Yes, N=No, U=Unknown		
Ever been on Medi-Cal?	MMEDCAL	C1	Y=Yes, N=No, U=Unknown		
Ever in the WIC Program?	MWIC	C1	Y=Yes, N=No, U=Unknown		

Page 2 of 6

F:\Deniz SAVE\CA\Appendices\Appendix C Data Dictionaries Forms Reports\C 1 IZB\Updated 4.23.2007 Data Dictionaries & Forms\CRS Maternal Survey & Chart Review (IRE Section Data Dictionary) Created by: SIRE Section (CA Division Branch)

216

**CONGENITAL RUBELLA
SYNDROME MATERNAL
SURVEY - Data dictionary for
WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Ever receive AFDC?	MAFDC	C1	Y=Yes, N=No, U=Unknown		
How many people live with you? Number under 18 years old	MLIVE_CHILD	Num			
How many people live with you? Number age 18 and older	MLIVE_ADLT	Num			
How many rooms are in your house/apartment?	MROOMS	Num			
How many bedrooms?	MBEDRMS	Num			
MOTHER'S IMMUNIZATION HISTORY					Separate tab for this section
Ever received rubella vaccine?	M_RUBVAX	C1	Y=Yes, N=No, U=Unknown		
If yes or uncertain, do you have immunization record here?	M_IZREC	C1	Y=Yes, N=No, U=Unknown		
If yes, record rubella vaccination date 1	M_RUBDATE1	Num Date	MMDDCCYY		
If yes, record rubella vaccination date 2	M_RUBDATE2	Num Date	MMDDCCYY		
If no, would your parents have it?	M_IZPAR	C1	Y=Yes, N=No, U=Unknown		
If yes, can we visit them to see it?	M_VISPAR	C1	Y=Yes, N=No, U=Unknown		
If you don't have your imm. record here, do you remember the name and location of the doctor or clinic where you got the rubella shot?	M_IZCLIN	C1	Y=Yes, N=No, U=Unknown		
Physician/Clinic Name/Address	MCLINNAME	C50	Free Text		
Were you ever in the military service?	M_MILT	C1	Y=Yes, N=No, U=Unknown		
If yes, Branch of the Service	M_MT_BR	C25	Free Text		
Years served	M_MT_YRS	C15	Free Text		
MOTHER'S PREMARITAL RUBELLA SEROTESTING					Separate tab for this section
Have you ever been married?	M_MARRIED	C1	Y=Yes, N=No, U=Unknown		
If yes, what year did you get married?	M_MAR_YR	C4	Free Text		
Where did you (last) get married?	M_MAR_LOC	C25	Free Text		
If married in US, Did you have a blood test for rubella?	M_MAR_BLD	C1	Y=Yes, N=No, U=Unknown		
If yes, what was the result?	M_MAR_RES	C15	Free Text		
If had test or uncertain, name of doctor or clinic where test was done	M_MAR_CLIN	C50	Free Text		
PRIOR OBSTETRICAL HISTORY					Separate tab for this section
Did you ever attend a family plannic clinic?	MFAMPLAN	C1	Y=Yes, N=No, U=Unknown		
If yes, clinic name and location	MFP_NAME	C50	Free Text		
Were you tested for rubella?	MFP_TEST	C1	Y=Yes, N=No, U=Unknown		
What was the result	MFP_RES	C1	1 = Positive (Immune); 2 = Negative (Susceptible), 9 = Unknown/Refuse		
Number of prior pregnancies	MPREG	Num			
Number of prior live births	MP_LB	Num			
Number of stillbirths	M_STILL	Num			
Number of abortions or miscarriages	M_MSC	Num			

**CONGENITAL RUBELLA
SYNDROME MATERNAL
SURVEY - Data dictionary for
WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Prenatal Care in Prior Pregnancies, including TABs, miscarriages, stillbirths					This series of questions has four rows on the paper form -- please repeat this question 4x minimum [i.e, (MPP1_PREG to MPP1_CLINIC).....(MPP4_PREG to MPP4_CLINIC)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (MPP1_PREG to MPP1_CLINIC).....(MPP*n*_PREG to MPP*n*_CLINIC)]?
Year of birth/miscarriage/etc	MPP1_PREG	C4	Free Text		
Had prenatal care?	MPP1_PREN	C1	Y=Yes, N=No, U=Unknown		
If yes, name/location of physician/clinic/hospital	MPP1_CLINIC	C50	Free Text		
Rubella blood test done in any of these pregnancies?	MPP_RBT	C1	Y=Yes, N=No, U=Unknown		
If yes, what was the result?	MRBT_RES	C1	1 = Positive (Immune); 2 = Negative (Susceptible), 9 = Unknown/Refuse		
If rubella blood test done, name/location of physician/clinic/hospital where it was done	MRBT_CLIN	C50	Free Text		
Do you have any other children age 15 months or older?	M_OTHCH	C1	Y=Yes, N=No, U=Unknown		
If yes, number of children	M_NUMCH	Num			
How many have had a rubella or MMR vaccine shot?	M_OTHRUB	Num			
PRENATAL CARE THIS LAST PREGNANCY					Separate tab for this section
For this last pregnancy, did you receive prenatal care?	MPRENTL	C1	Y=Yes, N=No, U=Unknown		
If yes, name/location of physician/clinic/hospital	MPN_CLINIC	C50	Free Text		
At which month of pregnancy did you start your prenatal care?	MPN_MONTH	C15	Free Text		
Total number of prenatal care visits	MPN_NUM	Num			
Did you have a test for Rubella during this pregnancy?	MPN_RBT	C1	Y=Yes, N=No, U=Unknown		
If yes, what was the result?	MPN_RUBRES	C1	1 = Positive (Immune); 2 = Negative (Susceptible), 9 = Unknown/Refuse		
RASH ILLNESS HISTORY THIS PREGNANCY					Separate tab for this section
Were you outside of California at any time during this last pregnancy?					
If yes, month(s) of pregnancy					
If yes, State/Country					
During this last pregnancy, do you remember having a rash illness?	M_RASH	C1	Y=Yes, N=No, U=Unknown		
If yes, month of pregnancy	MRASH_MO	C15	Free Text		
If yes, month of pregnancy (in days)	MRASH_DUR	Num	Free Text		
Was the rash on your (check all that apply)					

**CONGENITAL RUBELLA
SYNDROME MATERNAL
SURVEY - Data dictionary for
WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Face	MR_FACE	C1	Y=Yes, N=No, U=Unknown		
Chest	MR_CHEST	C1	Y=Yes, N=No, U=Unknown		
Abdomen	MR_ABDOM	C1	Y=Yes, N=No, U=Unknown		
Arms and/or legs	MR_LIMBS	C1	Y=Yes, N=No, U=Unknown		
Other (part of body)	MR_OTHER	C1	Y=Yes, N=No, U=Unknown		
When you had the rash, did you also have (check all that apply)					
Cough	MCOUGH	C1	Y=Yes, N=No, U=Unknown		
Red or watery eyes	MWATERY	C1	Y=Yes, N=No, U=Unknown		
Fever	MFEVER	C1	Y=Yes, N=No, U=Unknown		
Eyes bothered by light	MPHOTOB	C1	Y=Yes, N=No, U=Unknown		
Painful or swollen joints	MJOINTS	C1	Y=Yes, N=No, U=Unknown		
Sore Throat	MSORE	C1	Y=Yes, N=No, U=Unknown		
Swollen glands on the back of your neck	MLYMPTH	C1	Y=Yes, N=No, U=Unknown		
Malaise (feeling weak or sick)	MMALAISE	C1	Y=Yes, N=No, U=Unknown		
Did you see someone for the rash?	MR_MEDCARE	C1	1 = doctor/cinic/hospital, 2 = curandero, 3 = none, 9 = unknown/refuse		
If yes, name/location of physician/clinic/hospital	MR_CLIN	C50	Free Text		
What did they say caused the rash?	MR_CAUSE	C25	Free Text		
During this pregnancy, were you exposed to anyone with a rash illness?	MEXP_RASH	C1	Y=Yes, N=No, U=Unknown		
If yes, month of pregnancy	MEXP_MONTH	Num			
What was his/her relationship to you? (brother, co-worker, etc.)	MEXP_REL	C25	Free Text		
Where were you when you were exposed to this person?	MEXP_LOC	C25	Free Text		
How long were you exposed to him/her?	MEXP_DUR	C25	Free Text		
What did his/her rash look like?	MEXP_DESC	C50	Free Text		
Were you in any of the following places during the first 5 months of this last pregnancy?					
Day care/school	MEXP_DCS	C1	Y=Yes, N=No, U=Unknown		
Church	MEXP_CH	C1	Y=Yes, N=No, U=Unknown		
Emergency Room	MEXP_ER	C1	Y=Yes, N=No, U=Unknown		
Medical Clinic	MEXP_CLIN	C1	Y=Yes, N=No, U=Unknown		
In prison/jail	MEXP_JAIL	C1	Y=Yes, N=No, U=Unknown		
Visited a prison or jail	MEXP_VIS	C1	Y=Yes, N=No, U=Unknown		
Other household member in jail /prison or visited a jail/prison	MEXP_HH_JAIL	C1	Y=Yes, N=No, U=Unknown		
If yes to any jail/prison questions, name and location	MEXP_JAILNAME	C25	Free Text		
If yes to any jail/prison questions, time in jail (person incarcerated)	MEXP_JAILTIME	C25	Free Text		
INFORMATION ON COST OF INFANT'S MEDICAL CARE					Separate tab for this section

CONGENITAL RUBELLA SYNDROME MATERNAL SURVEY - Data dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
For this last pregnancy, baby's current age	INFANTAGE	Num			
How long was your baby in the hospital after he/she was born?	HDELDAYS	Num			
Has he/she had to go back into the hospital again?	HOSP_VISIT	C1	Y=Yes, N=No, U=Unknown		
If yes, number of times	SUBS_HOSP	Num			
If yes, total number of days in hospital	HSUBDAYS	Num			
Has he/she had any operations?	SURGERY	C25	Free Text		
If yes, describe type of operation(s)	SURG_DESC	C25	Free Text		
Aside from hospitalizations, how many times have you taken him/her to the doctor's office or clinic?	OUTPTT	Num			
Has he/she had any other special health care?	OTH_HC	C1	Y=Yes, N=No, U=Unknown		
If yes, describe	OTH_HC_DESC	C25	Free Text		
REVIEWER INFO					Separate tab for this section
Reviewer name	REVIEWER	C30	Free Text		
Reviewer address	REV_ADRS	C30	Free Text		
Reviewer phone	REV_PH	C15	Free Text		
Date Review completed	REV_DATE	Num Date	MMDDCCYY		

CONGENITAL RUBELLA SYNDROME CHART REVIEW* FORM
Immunization Unit, IDB
California Department of Health Services
December, 1990

*In addition to reviewing chart, call physician for any follow-up information--new defects found, new test results, additional hospitalizations, outpatient visits, surgery, etc.

CRS Case NAME: _____

                                              Last   First

Address/phone:_____

Date of Birth:_____ County of Birth: _____

Hospital of Birth: _____

        PF # _____ (address/phone)

Other hospital involved:_____

        PF # _____ (address/phone)

Physician(s)_____

                                 (address/phone)

      _____

                                 (address/phone)

Birthweight:_____ gm

DEMOGRAPHICS
Sex:_____

Race/Ethnicity:
- ☐ Hispanic
- ☐ White-non-Hispanic
- ☐ Black-non-Hispanic
- ☐ American Indian
- ☐ Asian or Pacific Islander. If Asian or Pacific Islander, check which one of the following is most appropriate:

☐ Chinese	☐ Asian Indian	☐ Vietnamese (Non-Hmong)	☐ Guamanian
☐ Japanese	☐ Cambodian (Non-Hmong)	☐ Thai	☐ Samoan
☐ Korean	☐ Laotian (Non-Hmong)	☐ Other Asian	☐ Hawaiian
☐ Filipino	☐ Hmong	☐ Other Pacific Islander	

- ☐ Other (Specify):_____

CLINICAL DATA

Review appropriate parts of chart(s)--physicial exam, progress notes, lab slips, x-ray slips, discharge summary, etc. to gather information on presence or absence of each of the following:

Defect	Yes	No	Unk.	Details/Comments
Cataracts				
Hearing loss				
Congenital Heart Disease:				
Patent Ductus Arteriosus				
Pulmonary Stenosis				
Other (specify)				
Meningoencephalitis				
Microcephaly				
Low Platelet Count				
Purpura (cf lab reports)				
Enlarged Spleen				
Enlarged Liver				
Long Bone Radiolucencies (cf x-ray reports)				
Congenital Glaucoma				
Jaundice (onset within 24 hrs. of birth)				
Pigmentary Reteropathy				
Other Abnormalities				

OUTCOME

Infant: _____ Alive _____ Died. If died, date and cause: _____

RUBELLA LAB TESTS--INFANT

A. Virus Isolation attempts:

Type of Specimen	Date Collected	Laboratory	Result of Isolation Attempt

B. Serology:

Date Collected	Laboratory	Rubella antibody sought (Rubella IgM or IgG)	Result*

Lab(s) name/address/phone:_____

* Get result underlined directly from lab slip, if possible. Copy exact result (be careful to distinguish colons from decimal points, etc) and lab interpretation (positive/reactive/antibody detected, etc. vs. negative/non-reactive/no antibody detected, etc.). If unclear about result, contact the laboratory (copy lab name/address/phone from lab slip) for clarification.

RUBELLA SEROLOGY--MOTHER: AFTER DELIVERY

Date Collected	Laboratory	Rubella antibody sought (Rubella IgM or IgG)	Result*

Lab(s) name/address/phone: _____

RUBELLA SEROLOGY--MOTHER: BEFORE DELIVERY

Date Collected	Time Relation to THIS Pregnancy		Result*	Lab/Clinic Name Address
	Before	During		

* Get result <u>directly from lab slip</u>, if possible. Copy <u>exact result</u> (be careful to distinguish colons from decimal points, etc) and lab interpretation (positive/reactive/antibody detected, etc. vs. negative/non-reactive/no antibody detected, etc.). If unclear about result, contact the laboratory (copy lab name/address/phone from lab slip) for clarification.

MOTHER'S HISTORY (SELECTED ITEMS)

No. of <u>prior</u> live births:_____

No. of <u>prior</u> pregnancies resulting in miscarriage, stillbirth, and/or TAB: _____

Rash/rubella-like illnes in <u>this</u> pregnancy: ☐ yes ☐ no

If "yes": Month of pregnancy:_____

Rash description/location:_____

Other signs and symptoms:	Yes	No	Unk.
Cough			
Red or watery eyes			
Photophobia			
Fever			
Post-auricular/post-cervical aderopathy			
Sore throat			
Malaise			
Other _____ Specify			

Diagnosis (if any):_____

Exposure to rash illness during <u>this</u> pregnancy: ☐ yes ☐ no ☐ unk

If "yes": Month of pregnancy: _____

Duration of exposure: _____ hrs. _____ days ☐ unk.

Location of exposure (household, work, etc.): _____

Relation of person with rash to mother (relative, visitor, co-worker, customer, etc.):_____

Diagnosis of that person's rash illness:_____

☐ unk

INFORMATION ON COST OF INFANT'S MEDICAL CARE

Days in hospital after delivery: _____ days

Subsequent hospitalizations: Number: _____   Total number of days: _____

Outpatient visits: Number: _____   ☐ unk

Surgery (if any): _____

REVIEWER NAME/ADDRESS/PHONE

_____

_____

DATE REVIEW COMPLETED: _____

CONGENITAL RUBELLA SYNDROME CHART REVIEW FORM - Data Dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
LHD INTERNAL TRACKING VARIABLES, COMMON				This section differs from the paper form but contains all the same information and it is consistent with all other IZB Forms. Many of these variables are redundant with the CMR -- if vendor product is capable, IZB prefers to import or automatically popul	Separate tab for this section
CMR ID Number	CMRID	C12			
IZ Branch Case ID Number	IZB_CASEID	C12			Currently C6, discussed changing to C12 on WebCMR
Case last name	L_NAME	C35	Free Text		
Case first name	F_NAME	C25	Free Text		
Case middle initial	MINITIAL	C1	Free Text		
Case date of birth	BIRTHDAT	Num Date	MMDDCCYY		
Case home county	COUNTY	C15	ALAMEDA, ALPINE, AMADOR, BERKELEY, BUTTE, CALAVERAS, COLUSA, CONTRA COSTA, DEL NORTE, EL DORADO, FRESNO, GLENN, HUMBOLDT, IMPERIAL, INYO, KERN, KINGS, LAKE, LASSEN, LONG BEACH, LOS ANGELES, MADERA, MARIN, MARIPOSA, MENDOCINO, MERCED, MODOC, MONO, MONTEREY, NAPA, NEVADA, ORANGE, PASADENA, PLACER, PLUMAS, RIVERSIDE, SACRAMENTO, SAN BENITO, SAN BERNARDINO, SAN DIEGO, SAN FRANCISCO, SAN JOAQUIN, SAN LUIS OBISPO, SAN MATEO, SANTA BARBARA, SANTA CLARA, SANTA CRUZ, SHASTA, SIERRA, SISKIYOU, SOLANO, SONOMA, STANISLAUS, SUTTER, TEHAMA, TRINITY, TULARE, TUOLUMNE, VENTURA, YOLO, YUBA		
Hospital of Birth	HOSP_BIRTH	C25	Free Text		
Patient File Number	HB_PFN	C15	Free Text		
Other hospital involved	HOSP_OTH	C25	Free Text		
Patient File Number (Other hospital)	HO_PFN	C15	Free Text		
Physician(s)	PHYSICIAN	C25	Free Text		
Physician Address and Phone	PH_CONTACT	C25	Free Text		
Birth Weight (in grams)	BWT_G	Num			
Case gender	GENDER	C1	M=Male,F=Female		
Case ethnicity	ETHNICIT	C1	0=Not Hispanic or Not Latino, 1=Hispanic or Latino, 2 = Unknown		Note: Paper form does not have separate ethinicity variable, but this format matches all other IZB forms
Case race (check all that apply)				check all that apply, new coding different from NETSS and AVSS	Note: Paper form has different format and values for Race variable, but this format matches all other IZB forms
Unknown	RACE_UNK	C1	1=Unknown	If 1 then skip to OCCUP_UNK	
African-American or Black	BLACK	C1	1=African-American or Black		

CONGENITAL RUBELLA SYNDROME CHART REVIEW FORM - Data Dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
American Indian or Alaska Native	AI_AN	C1	1=American Indian or Alaska Native		
Asian	ASIAN	C1	1=Asian	if 1 then prompt for Asian sub cats; Check all that apply	
Asian Indian	A_INDIAN	C1	1=Asian Indian		
Cambodian	CAMBO	C!	1=Cambodian		
Chinese	CHINESE	C1	1=Chinese		
Filipino	FILIPINO	C1	1=Filipino		
Hmong	HMONG	C1	1=Hmong		
Japanese	JAPANESE	C1	1=Japanese		
Korean	KOREAN	C1	1=Korean		
Laotian	LAOTIAN	C1	1=Laotian		
Thai	THAI	C1	1=Thai		
Vietnamese	VIET	C1	1=Vietnamese		
Asian Other	ASIANOTH	C1	1=Other Asian	If 1 then prompt for ASIANO	
Specify Asian Other	ASIANO	C15	Free Text		
Native Hawaiian or Other Pacific Islander	NHOPI	C1	1=Native Hawaiian or Other Pacific Islander	if 1 then prompt for NHOPI sub cats; Check all that apply	
Native Hawaiian	HAWAII	C1	1=Native Hawaiian		
Guamanian	GUAMAN	C1	1=Guamanian		
Samoan	SAMOAN	C1	1=Samoan		
Pacific Islander Other	PAC_OTH	C1	1=Other Pacific Islander	If 1 then prompt for PACO	
Specify Pacific Islander Other	PACO	C15	Free Text		
White	WHITE	C1	1=White		
Other Race	RACEOTH	C1	1=Other Race	If 1 then prompt for RACEO	
Specify Other Race, if possible	RACEO	C15	Free Text	if RACEOTH = 1 then complete if known	
CLINICAL DATA					Separate tab for this section
Cataracts	CATARACT	C1	Y=Yes, N=No, U=Unknown		
Cataracts details/comments	CATARACT_DC	C50	Free Text		
Hearing Loss	HRGLOSS	C1	Y=Yes, N=No, U=Unknown		
Hearing loss details/comments	HRGLOSS_DC	C50	Free Text		
Congenital Heart Disease (1. Patent Ductus Arteriosis)	CHD_PDA	C1	Y=Yes, N=No, U=Unknown		
Congenital Heart Disease (1. Patent Ductus Arteriosis) details/ comments	CHD_PDA_DC	C50	Free Text		
Congenital Heart Disease (2. Peripheral Pulmonic Stenosis)	CHD_PPS	C1	Y=Yes, N=No, U=Unknown		
Congenital Heart Disease (2. Peripheral Pulmonic Stenosis) details/ comments	CHD_PPS_DC	C50	Free Text		
Congenital Heart Disease (4. Other)	CHD_OTH	C1	Y=Yes, N=No, U=Unknown		
Congenital Heart Disease (4. Other) details/comments	CHD_OTH_DC	C50	Free Text		
Congenital Heart Disease, 4. Other, specify type	CHD_SPEC	C15	Free Text		
Meningoencephalitis	MENINGOEN	C1	Y=Yes, N=No, U=Unknown		
Meningoencephalitis details/ comments	MENINGOEN_DC	C50	Free Text		
Microencephaly	MICROENC	C1	Y=Yes, N=No, U=Unknown		
Microencephaly details/ comments	MICROENC_DC	C50	Free Text		
Low Platelet Count	LOWPLATE	C1	Y=Yes, N=No, U=Unknown		

CONGENITAL RUBELLA SYNDROME CHART REVIEW FORM - Data Dictionary for WebCMR

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Low Platelet Count details/ comments	LOWPLATE_DC	C50	Free Text		
Purpura	PURPURA	C1	Y=Yes, N=No, U=Unknown		
Purpura details/ comments	PURPURA_DC	C50	Free Text		
Enlarged Spleen	ENL_SPLN	C1	Y=Yes, N=No, U=Unknown		
Enlarged Spleen details/ comments	ENL_SPLN_DC	C50	Free Text		
Enlarged Liver	ENL_LVR	C1	Y=Yes, N=No, U=Unknown		
Enlarged Liver details/ comments	ENL_LVR_DC	C50	Free Text		
Long Bone Radiolucencies	LBRADIO	C1	Y=Yes, N=No, U=Unknown		
Long Bone Radiolucencies details/ comments	LBRADIO_DC	C50	Free Text		
Congenital Glaucoma	CONGGLAU	C1	Y=Yes, N=No, U=Unknown		
Congenital Glaucoma details/ comments	CONGGLAU_DC	C50	Free Text		
Jaundice (onset within 24 hrs of birth)	JAUNDICE	C1	Y=Yes, N=No, U=Unknown		
Jaundice details/ comments	JAUNDICE_DC	C50	Free Text		
Pigmentary Retinopathy	PIGRETIN	C1	Y=Yes, N=No, U=Unknown		
Pigmentary Retinopathy details/ comments	PIGRETIN_DC	C50	Free Text		
Other Abnormalities	OTHABN	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for OTHAB_SP, else skip to LIVING	
If yes, specify other abnormalities	OTHAB_SP	C25	Free Text		
Other Abnormalities details/ comments	OTHABN_DC	C50	Free Text		
Outcome - Did the infant Die?	DIED	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for DEATHDATE and COD, else skip to….	
If no, date of death	DEATHDATE	Num Date	MMDDCCYY		
Causes of Death	COD	C25	Free Text		
RUBELLA LAB TESTS - INFANT					Separate tab for this section
A. Virus isolation attempts					This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (VI1_TYPE to VI1_RESULT).....(VI3_TYPE to VI3_RESULT)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (VI1_TYPE to VI1_RESULT).....(VIn_TYPE to VIn_RESULT)]?
Virus Isolation Specimen 1, Type	VI1_TYPE	C15	Free Text		
Virus Isolation Specimen 1, Date Collected	VI1_DATE	Num Date	MMDDCCYY		
Virus Isolation Specimen 1, Laboratory testing (name/address/phone)	VI1_LAB	C50	Free Text		Address and phone not on table on paper form, but asked later on the form
Virus Isolation Specimen 1, Result	VI1_RESULT	C15	Free Text		
B. Serology					This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (SR1_TYPE to SR1_RESULT).....(SR3_TYPE to SR3_RESULT)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (SR1_TYPE to SR1_RESULT).....(SRn_TYPE to SRn_RESULT)]?

**CONGENITAL RUBELLA
SYNDROME CHART REVIEW
FORM - Data Dictionary for
WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Serology Specimen 1, Date Collected	SR1_DATE	Num Date	MMDDCCYY		
Serology Specimen 1, Laboratory testing (name/address/phone)	SR1_LAB	C50	Free Text		Address and phone not on table on paper form, but asked later on the form
Serology Specimen 1, Type	SR1_TYPE	C1	1 = IgM, 2 = IgG		
Serology Specimen 1, Result	SR1_RESULT	C15	Free Text		
RUBELLA LAB TESTS - MOTHER					Separate tab for this section
After Delivery Maternal Serology					This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (MASR1_TYPE to MASR1_RESULT).....(MASR3_TYPE to MASR3_RESULT)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (MASR1_TYPE to MASR1_RESULT).....(MASR*n*_TYPE to MASR*n*_RESULT)]?
Specimen 1, Date Collected	MASR1_DATE	Num Date	MMDDCCYY		
Specimen 1, Laboratory testing (name/address/phone)	MASR1_LAB	C50	Free Text		Address and phone not on table on paper form, but asked later on the form
Specimen 1, Type	MASR1_TYPE	C1	1 = IgM, 2 = IgG		
Specimen 1, Result	MASR1_RESULT	C15	Free Text		
Before Delivery Maternal Serology					This series of questions has three rows on the paper form -- please repeat this question 3x minimum [i.e, (MBSR1_TYPE to MBSR1_RESULT).....(MBSR3_TYPE to MBSR3_RESULT)]. If possible, can the electronic form can have additional lines added as necessary, i.e., number of rows in this table can be varied for each case as needed [i.e, (MBSR1_TYPE to MBSR1_RESULT).....(MBSR*n*_TYPE to MBSR*n*_RESULT)]?
Specimen 1, Date Collected	MBSR1_DATE	Num Date	MMDDCCYY		
Time Relation to THIS Pregnancy	MRSR1_ PREG	C1	1 = Before, 2 = During		
Specimen 1, Laboratory testing (name/address/phone)	MBSR1_LAB	C50	Free Text		Address and phone not on table on paper form, but asked later on the form
Specimen 1, Type	MSR1_TYPE	C1	1 = IgM, 2 = IgG		This variable not part of the table on the paper form, but should be included.
Specimen 1, Result	MSR1_RESULT	C15	Free Text		
MOTHER'S HISTORY (SELECTED ITEMS)					Separate tab for this section
Number of prior live births	MP_LB	Num			
Number of prior pregnancies resulting in miscarriage, stillbirth and/or TAB	MPREG	Num			
Rubella-like illness during pregnancy	MRUBPREG	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for MRUBMONTH through MRUBSEML, else skip to EXP_IN_US	
If yes, month of pregnancy	MRUBMONTH	Num			
Rubella-like illness during pregnancy	MRUBPREG	C1	Y=Yes, N=No, U=Unknown	If = "Y" then prompt for MRUBMONTH through MRUBSEML, else skip to EXP_IN_US	
If yes, month of pregnancy	MRUBMONTH	Num			

**CONGENITAL RUBELLA
SYNDROME CHART REVIEW
FORM - Data Dictionary for
WebCMR**

VARIABLES	Name	Type/ Length	Values	Error Checks / Skip Patterns	Asssigned Variable / Other Comments
Rash description/location	MRUB_DESC	C50	Free Text		
Other Signs and Symptoms					
Cough	MCOUGH	C1	Y=Yes, N=No, U=Unknown		
Red or watery eyes	MWATERY	C1	Y=Yes, N=No, U=Unknown		
Photophobia	MPHOTOB	C1	Y=Yes, N=No, U=Unknown		
Fever	MFEVER	C1	Y=Yes, N=No, U=Unknown		
Post-auricular/ post-cervical aderopathy	MADERO	C1	Y=Yes, N=No, U=Unknown		
Sore Throat	MSORE	C1	Y=Yes, N=No, U=Unknown		
Malaise	MMALAISE	C1	Y=Yes, N=No, U=Unknown		
Other symptoms	MOTHSYMP	C1	Y=Yes, N=No, U=Unknown		
Other symptoms, specify	MOTHSYM_SP	C25	Free Text		
Diagnosis, if any	MRUB_DX	C25	Free Text		
Exposure to rash illness during this pregnancy	MEXP_RASH	C1	Y=Yes, N=No, U=Unknown		
If yes, month of pregnancy	MEXP_MONTH	Num			
Duration of exposure	MEXP_DUR	C25	Free Text		
Location of exposure (household, work, etc)	MEXP_LOC	C25	Free Text		
Relationship of person with rash to mother (relative, visitor, co-worker, customer, etc.)	MEXP_REL	C25	Free Text		
Diagnosis of that person's rash illness	MEXP_DX	C25	Free Text		
INFORMATION ON COST OF INFANT'S MEDICAL CARE					Separate tab for this section
Days in hospital after delivery	HDELDAYS	Num			
Number of subsequent hospitalizations	SUBS_HOSP	Num			
Subsequent hospitalizations, total number of days	HSUBDAYS	Num			
Number of outpatient visits	OUTPTT	Num			
Surgery (if any), describe	SURGERY	C25	Free Text		
REVIEWER INFO					Separate tab for this section
Reviewer name	REVIEWER	C30	Free Text		
Reviewer address	REV_ADRS	C30	Free Text		
Reviewer phone	REV_PH	C15	Free Text		
Date Review completed	REV_DATE	Num Date	MMDDCCYY		

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention (CDC)
National Center for Infectious Diseases
Atlanta, Georgia 30333

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

STUDY ID: _____

STATE CONTACT PERSON & PHONE NO.: _____

(for CDC Use Only)

CDC LAB. CODE | CDC NUMBER

DATE RECEIVED
Mo. Da. Yr.

Justification must be completed by State health department laboratory before specimen can be accepted by CDC. Please check the first applicable statement and when appropriate complete the statement with the*.

1. Disease suspected to be of public health importance. Specimen is:
   (a) ☐ from an outbreak.
   (b) ☐ from uncommon or exotic disease.
   (c) ☐ an isolate that cannot be identified, is atypical, shows multiple antibiotic resistance, or from a normally sterile site(s)
   (d) ☐ from a disease for which reliable diagnostic reagents or expertise are unavailable in State.
2. ☐ Ongoing collaborative CDC/State project.
3. ☐ Confirmation of results requested for quality assurance.

*Prior arrangement for testing has been made. Please bring to the attention of:
(name) _____

Name, Address and Phone Number of Physician or Organization:

STATE HEALTH DEPT. NUMBER: |___|___|___|___|___|___|___|

STATE LOC: |___|___|___|

DATE SENT TO CDC: Mo. Da. Yr. |___|___|___|___|___|___|

Completed by: _____

PATIENT IDENTIFICATION NUMBER: |___|___|___|___|___|___|___|

Have specimens from this patient been submitted previously ☐ YES ☐ NO

BIRTHDATE OR AGE _____ Mo. Da. Yr.

SEX: ☐ M ☐ F

RACE: White ☐   Black ☐   Asian or Pacific Islander ☐
American Indian or Alaska Native ☐   Not Specific ☐
ETHNICITY: Hispanic ☐   Non-Hispanic ☐   Not Specific ☐

CLINICAL DIAGNOSIS: _____

ASSOCIATED ILLNESS: _____

DATE OF ONSET: Mo. Da. Yr.

FATAL? ☐ YES ☐ NO

LABORATORY EXAMINATION REQUESTED:
☐ **AN**timicrobial Susceptibility ☐ **ID**entification ☐ **IS**olation
☐ **HI**stology ☐ **OT**her (Specify) _____
☐ **SE**rology (Specific Test) _____

CATEGORY OF AGENT SUSPECTED:
☐ **BA**cterial ☐ **VI**ral ☐ **FU**ngal ☐ **RI**ckettsial
☐ **PA**rasitic ☐ **OT**her (Specify) _____

SPECIFIC AGENT SUSPECTED: _____

OTHER ORGANISM(S) FOUND: _____

ISOLATION ☐ YES ☐ NO

NO. TIMES ISOLATED: _____

SPECIMEN SUBMITTED IS: ☐ **O**riginal **M**aterial ☐ **P**ure **I**solate ☐ **M**ixed **I**solate

DATE SPECIMEN TAKEN: Mo. Da. Yr.

ORIGIN: ☐ **SO**il ☐ **FO**od ☐ **AN**imal (Specify) _____
☐ **HU**man ☐ **OT**her (Specify) _____

SOURCE OF SPECIMEN:
☐ **BL**ood ☐ **SE**rum ☐ **CSF** ☐ **ST**ool ☐ **SP**utum
☐ **UR**ine ☐ **GA**stric ☐ **HA**ir ☐ **SK**in ☐ **TH**roat
☐ **WO**und (Site) _____
☐ **EX**udate (Site) _____
☐ **TI**ssue (Specify) _____
☐ **OT**her (Specify) _____

SUBMITTED ON:
☐ **EG**g ☐ **TI**ssue Culture (Type) _____
☐ **AN**imal (Specify) _____
☐ **ME**dium (Specify) _____
☐ **OT**her (Specify) _____

SERUM INFORMATION: Mo. Da. Yr.   Mo. Da. Yr.
☐ **AC**ute
☐ **S3**

IMMUNIZATIONS: Mo. Da. Yr.

TREATMENT:
Drugs Used:
DATE BEGUN Mo. Da. Yr.   DATE COMPLETED Mo. Da. Yr.

CLINICAL TEST RESULTS:

Sputum and Histological Findings: _____

Blood Counts: _____   Stool/Urine Exams: _____

Type Skin Tests Performed: Mo. Da. Yr. Strength Pos. Neg.

SIGNS AND SYMPTOMS:
☐ **FE**ver
Maximum Temperature: ____
Duration: _____ Days
☐ **CH**ills

SKIN:
☐ **MA**culopapular
☐ **HE**morrhagic
☐ **VE**sicular
☐ **E**rythema **N**odosum
☐ **E**rythema **M**arginatum
☐ **OT**her _____

RESPIRATORY:
☐ **RH**initis
  PUlmonary
☐ **PH**aryngitis
  CAlcifications
☐ **O**titis **M**edia
  PNeumonia (type) _____
☐ **OT**her _____

CARDIOVASCULAR:
☐ **MY**ocarditis
☐ **PE**ricarditis
☐ **EN**docarditis
☐ **OT**her _____

GASTROINTESTINAL:
☐ **DI**arrhea
  ☐ **BL**ood
  ☐ **MU**cous
☐ **CO**nstipation
☐ **AB**normal Pain
☐ **VO**miting
☐ **OT**her _____

CENTRAL NERVOUS SYSTEM:
☐ **HE**adache
  MEningismus
☐ **MI**crocephalus
  HYdrocephalus
☐ **SE**izures
  CErebral Calcification
☐ **CH**orea
☐ **PA**ralysis
  OTher _____

MISCELLANEOUS:
☐ **JA**undice
☐ **MY**algia
☐ **PL**eurodynia
☐ **CO**njunctivitis
☐ **CH**orioretinitis
☐ **SP**lenomegaly
☐ **HE**patomegaly
☐ Liver **A**bscess/cyst
☐ **LY**mphadenopathy
☐ **MU**cous Membrane Lesions
☐ **OT**her _____

STATE OF ILLNESS:
☐ **SY**mptomatic
☐ **AS**ymptomatic
☐ **SU**bacute
☐ **CH**ronic
☐ **DI**sseminated
☐ **LO**calized
☐ **EX**traintestinal
☐ **OT**her _____

EPIDEMIOLOGICAL DATA:

☐ **SI**ngle Case ☐ **SP**oradic ☐ **CO**ntact ☐ **EP**idemic ☐ **CA**rrier

Family Illness: _____

Community Illness: _____

Travel and Residence (Location): Mo. Da. Yr.
☐ **Foreign:** _____
☐ **USA:** _____

Animal Contacts (Species): _____

Arthropod Contacts: ☐ **NO**ne ☐ **EX**posure Only ☐ **BI**te

Type of Arthropod: _____

Suspected Source of Infection: _____

PREVIOUS LABORATORY RESULTS/OTHER CLINICAL INFORMATION:
(Information supplied should be related to this case and/or specimen(s) and relative to the test(s) requested.

The types of specimens usually sent to CDC laboratories are serum specimens, reference cultures, or clinical specimens. To assist State health department laboratories and others in obtaining the information on the request form that NCID requires, the following tabulation for each of the 3 types of specimens should serve as a guide.

SERUM SPECIMENS

Required	**Useful**
Laboratory exam requested	Clinical information
Specific agent suspected	Signs, symptoms, etc.
Serum information*	
Immunization*	
Treatment*	
Epidemiologic data*	
Previous lab results	

REFERENCE CULTURES

Required	**Useful**
Laboratory exam requested	Isolation attempted
Category of agent suspected	Date specimen taken
Specific agent suspected	Number times isolated
Kind of specimen	Other clinical information
Origin of specimen	Clinical test results
Source of specimen	Signs, symptoms, etc.
Submitted on what medium	Other organisms found**
Previous lab results	Epidemiologic data*
Biochemical reaction (can be attached on a separate sheet)	Treatment*

CLINICAL SPECIMENS

Required	**Useful**
Laboratory exam requested	Other clinical information
Category of agent suspected	Clinical test results
Specific agent suspected	Signs, symptoms, etc.
Specimen submitted is	
Date specimen taken	
Source of specimen	
Epidemiologic data*	
Previous lab results	

The Reference and Disease Surveillance Booklet should be consulted for special requirement.

Exercise good judgement to determine the relevance of these items. Paired sera are required for viral and bacterial disease serology, a single serum is required for mycotic and parasitic diseases and for syphilis serology (congenital syphilis excepted). In all instances the date(s) of collection of serum specimens must be provided. Immunization history is required when such information relates to the serology requested, i.e., required for polio, measles, etc., not required for histoplasmosis, echinococcosis, etc. Information on treatment, such as administration of immune serum or globulin, antibiotics, etc., is often of great benefit when doing serology or identifying reference cultures. As much relevant epidemiologic data as can be obtained should be provided. History of travel and animal or arthropod contacts are required for those RDS in which this kind of information is clearly necessary. If any required item of information is not available after efforts have been made to obtain it, please so indicate.
**Bacterial cultures representing growth of a single or a few colonies on the same primary isolation agar plates from which the principal pathogen has been isolated and identified should not be submitted for identification unless clinical findings or other justification support such submissions.

Form 1: *Smallpox Post-Event Surveillance Form*
Please print

1. State ☐☐   2. Case # _____

Circled numbers indicate the minimum required fields. Every attempt should be made to at least complete the circled items.

3. CASE NAME: _____ / _____ / _____
   Last   First   Middle   Suffix   Nickname/Alias

4. ADDRESS: _____
   Street Address, Apt #.   City   State   Zip Code

5. TELEPHONE:
   Home: ☐☐☐ ☐☐☐ ☐☐☐☐   Work: ☐☐☐ ☐☐☐ ☐☐☐☐   Other: ☐☐☐ ☐☐☐ ☐☐☐☐
   Area Code   Number   Area Code   Number   Area Code   Number

CASE INFORMATION

6. DATE OF BIRTH: ☐☐ ☐☐ ☐☐☐☐
   Month   Day   Year

7. AGE: _____   8. AGE UNIT: ☐ Years   ☐ Months   ☐ Day

9. GENDER: ☐ Male   ☐ Female

10. ETHNICITY: ☐ Hispanic   ☐ Non-Hispanic

11. RACE (Check all that apply):
    ☐ Am. Indian/Alaska Native   ☐ Asian
    ☐ Black/African Am.   ☐ White
    ☐ Native Hawaiian/Pacific Islander   ☐ Unknown

12. COUNTRY OF BIRTH: _____

REPORTING SOURCE AND INFORMATION

13. DATE FIRST REPORTED TO PUBLIC HEALTH: ☐☐ ☐☐ ☐☐☐☐
    Month   Day   Year

14. REPORTED BY: _____
    Name/Institution

15. REPORTED BY PHONE NUMBER: ☐☐☐ ☐☐☐ ☐☐☐☐
    Area Code   Number

16. FORM INITIATED BY: _____
    (INTERVIEWER NAME)   Last   First   Middle

17. INTERVIEW DATE: ☐☐ ☐☐ ☐☐☐☐
    Month   Day   Year

18. INFORMATION PROVIDED BY: _____
    Informant: Last   First   Middle

19. TELEPHONE NUMBER OF INFORMANT: ☐☐☐ ☐☐☐ ☐☐☐☐
    Area Code   Number

20. PRIMARY INTERVIEW LANGUAGE SPOKEN: _____

VACCINATION AND MEDICAL HISTORY

21. SMALLPOX VACCINATION PRIOR TO THIS OUTBREAK: ☐ Yes   ☐ No   ☐ Unknown
    IF YES, NUMBER OF DOSES: ☐ One   ☐ More than one

22. IF KNOWN: AGE (YEARS) _____   OR YEAR _____ OF LAST DOSE

23. SMALLPOX VACCINATION SCAR PRESENT: ☐ Yes   ☐ No   ☐ Unknown

24. SMALLPOX VACCINATION DURING THIS OUTBREAK: ☐ Yes   ☐ No   ☐ Unknown
    IF YES, DATE OF VACCINATION: ☐☐ ☐☐ ☐☐☐☐
    Month   Day   Year

25. VACCINE "TAKE" RECORDED AT 7 DAYS (6-8 DAYS):   ☐ Yes   ☐ No   ☐ Unknown
    IF YES, RESULT: ☐ Major   ☐ None
                      ☐ Equivocal   ☐ Unknown

26. IF NOT VACCINATED DURING THIS OUTBREAK, GIVE REASON:
    ☐ Patient refusal   ☐ Patient forgot
    ☐ Medical contraindication   ☐ Unaware of need to be vaccinate
    ☐ Vaccination site unavailable/unknown
    ☐ Other, specify: _____

27. IF FEMALE, PREGNANT: ☐ Yes   ☐ No   ☐ Unknown

28. PRE-EXISTING IMMUNOCOMPROMISING MEDICAL CONDITIONS (i.e., LEUKEMIA, OTHER CANCERS, HIV/AIDS):   ☐ Yes   ☐ No   ☐ Unknown
    IF YES, PLEASE SPECIFY: _____

VACCINATION AND MEDICAL HISTORY, CON'T

29. DURING THE PAST MONTH, ANY PRESCRIBED IMMUNOCOMPROMISING OR IMMUNOMODULATING MEDICATIONS INCLUDING STEROIDS:
    ☐ Yes   ☐ No   ☐ Unknown
    IF YES, PLEASE SPECIFY: _____

30. FOR WHAT MEDICAL CONDITION: _____

CURRENT ILLNESS

31. HAS THE PATIENT HAD A FEVER AS PART OF THIS ILLNESS IN THE 4 DAYS PRIOR TO RASH ONSET?   ☐ Yes   ☐ No   ☐ Unknown
    IF YES, ESTIMATED DATE OF FEVER ONSET: ☐☐ ☐☐ ☐☐☐☐
    Month   Day   Year

32. WAS TEMPERATURE MEASURED WITH A THERMOMETER?   ☐ Yes   ☐ No   ☐ Unknown

33. MAXIMUM TEMPERATURE: _____ F° / C° (Circle)

34. DATE OF MAXIMUM FEVER: ☐☐ ☐☐ ☐☐☐☐
    Month   Day   Year

35. DATE OF RASH ONSET: ☐☐ ☐☐ ☐☐☐☐
    Month   Day   Year

36. COUGH WITH RASH/ILLNESS?   ☐ Yes   ☐ No   ☐ Unknown

37. DATE OF COUGH ONSET? ☐☐ ☐☐ ☐☐☐☐
    Month   Day   Year

38. SYMPTOMS DURING THE 4 DAYS PRECEDING RASH ONSET (Check all the apply):
    Headache: ☐ Yes   ☐ No   ☐ Unknown
    Backache: ☐ Yes   ☐ No   ☐ Unknown
    Chills: ☐ Yes   ☐ No   ☐ Unknown
    Vomiting: ☐ Yes   ☐ No   ☐ Unknown
    ☐ Other (e.g., abdominal pain, delirium)
    Specify: _____

39. DISTRIBUTION OF LESIONS:
    ☐ Generalized, predominantly face and distal extremities (centrifugal)
    ☐ Generalized, predominantly trunk (centripetal)
    ☐ Localized, not generalized
    ☐ Other, specify: _____

40. CLINICAL TYPE OF SMALLPOX:
    ☐ Ordinary/Classic type: ☐ Discrete lesions
                                  ☐ Semi-confluent – Face only
                                  ☐ Confluent – Face and other site
    ☐ Variola sine eruptione
    ☐ Modified type
    ☐ Flat type
    ☐ Hemorrhagic type: ☐ Early
                                  ☐ Late

CLINICAL TYPES OF SMALLPOX:

Ordinary/Classic type: Raised, pustular lesions with 3 sub-types:
  Discrete: Areas of normal skin between pustules, even on face
  Semi-confluent: Confluent rash on face, discrete elsewhere
  Confluent: Confluent rash on face and forearms
Modified type: Like ordinary type but with an accelerated, less severe course
Variola sine eruptione: fever without rash caused by variola virus, serological confirmation required. This condition is rare; epidemiological significance is considered to be limited.
Flat type: Pustules remain flat; usually confluent or semi-confluent
Hemorrhagic type: Widespread hemorrhages in skin and mucous membranes
  Early: With purpuric rash
  Late: With hemorrhage into base pustules

Form 1: *Smallpox Post-Event Surveillance Form*
Please print

State [ ] Case # _____

CLINICAL COURSE

41. DATE LAST SCAB FELL OFF:
OR CHECK IF UNKNOWN ☐

[ ][ ] [ ][ ] [ ][ ][ ][ ]
Month   Day   Year

42. DID THE PATIENT DEVELOP ANY COMPLICATIONS: ☐ Yes ☐ No ☐ Unknown
IF YES, CHECK ALL THAT APPLY:
☐ Skin, infected lesions/abscesses   ☐ Pneumonia
☐ Corneal ulcer or keratitis   ☐ Hemorrhagic
☐ Encephalitis   ☐ Shock
☐ Arthritis   ☐ Bacterial sepsis
☐ Other, specify: _____

43. ANTIVIRAL MEDICATION (CIDOFOVIR): ☐ Yes ☐ No ☐ Unknown
IF YES, DATE CIDOFOVIR STARTED:

[ ][ ] [ ][ ] [ ][ ][ ][ ]
Month   Day   Year

DURATION: _____ DAYS

44. OTHER ANTIVIRAL MEDICATIONS GIVEN: ☐ Yes ☐ No ☐ Unknown

IF YES, SPECIFY: _____

CLINICAL OUTCOME

45. WAS CASE ADMITTED TO HOSPITAL? ☐ Yes ☐ No ☐ Unknown

IF YES, HOSPITAL NAME: _____

HOSPITAL LOCATION: _____

DATE ADMITTED: DATE DISCHARGED:
[ ][ ][ ][ ][ ][ ][ ][ ]   [ ][ ][ ][ ][ ][ ][ ][ ]
Month Day Year   Month Day Year

46. WAS CASE ADMITTED/TRANSFERRED TO 2ND HOSPITAL? ☐ Yes ☐ No ☐ Unknown

IF YES, HOSPITAL NAME: _____

HOSPITAL LOCATION: _____

DATE ADMITTED: DATE DISCHARGED:
[ ][ ][ ][ ][ ][ ][ ][ ]   [ ][ ][ ][ ][ ][ ][ ][ ]
Month Day Year   Month Day Year

47. DID THE PATIENT DIE FROM SMALLPOX ILLNESS OR ANY SMALLPOX COMPLICATIONS? ☐ Yes ☐ No ☐ Unknown

IF YES, DATE OF DEATH:
[ ][ ][ ][ ][ ][ ][ ][ ]
Month   Day   Year

LABORATORY

48. WAS SPECIMEN COLLECTED FOR TESTING: ☐ Yes* ☐ No ☐ Unknown

49. WAS LAB TESTING DONE FOR SMALLPOX: ☐ Yes* ☐ No ☐ Unknown

IF QUESTIONS 48 AND 49 ARE "NO" OR "UNKNOWN" THEN GO TO QUESTION 56.

* Information on specimen collection and testing can be found in the patient's medical chart or provided by the laboratory

ORTHOPOX GENERIC TESTS

TEST	DATE	RESULT	WHERE
50. ORTHOPOX PCR ☐ Yes ☐ No ☐ Unknown	____/____/____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:
51. ELECTRON MICROSCOPY (EM) ☐ Yes ☐ No ☐ Unknown	____/____/____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Other, specify ☐ Unknown	☐ Pox Virus Identified ☐ Pox Virus Not Identified ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

LABORATORY, CON'T

VARIOLA SPECIFIC TESTS

TEST	DATE	RESULT	WHERE
52. VARIOLA PCR FROM CLINICAL SPECIMEN ☐ Yes ☐ No ☐ Unknown	____/____/____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:
53. VARIOLA CULTURE WITH VARIOLA PCR CONFIRMATION ☐ Yes ☐ No ☐ Unknown	____/____/____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

VACCINIA SPECIFIC TEST

TEST	DATE	RESULT	WHERE
54. VACCINIA PCR ☐ Yes ☐ No ☐ Unknown	____/____/____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

55. OTHER TESTING PERFORMED: ☐ Yes ☐ No ☐ Unknown
IF YES, SPECIFY: _____

EPIDEMIOLOGIC

56. TRANSMISSION SETTING: ☐ Athletics ☐ College ☐ Community ☐ Daycare ☐ Dr. Office ☐ Correctional facility ☐ Home ☐ Hospital ☐ Int'l travel ☐ Military ☐ School ☐ Place of worship ☐ Work ☐ Other ☐ Unknown

If Other, specify: _____

CASE CLASSIFICATION

57. DOES THIS CASE MEET THE CLINICAL CASE DEFINITION: ☐ Yes ☐ No ☐ Unknown

58. IS THIS CASE EPIDEMIOLOGICALLY LINKED TO A CONFIRMED CASE: ☐ Yes ☐ No ☐ Unknown

IF YES, NAME/CASE #, IF KNOWN:_____

59. IS THIS CASE LABORATORY-CONFIRMED: ☐ Yes ☐ No ☐ Unknown
IF YES, BY WHAT METHOD: ☐ PCR ☐ Culture/PCR

60. WHAT IS THE CASE CLASSIFICATION:
☐ Confirmed   ☐ Probable   ☐ Suspect

61. IF NOT SMALLPOX, SPECIFY FINAL DIAGNOSIS: _____

Smallpox Clinical Case Definition: An illness with acute onset of fever ≥ 101°F followed by a rash characterized by firm, deep seated vesicles or pustules in the same stage of development without other apparent cause.

Laboratory Criteria for Confirmation*: Polymerase chain reaction (PCR) identification of variola DNA in a clinical specimen; OR Isolation of smallpox (variola) virus from a clinical specimen (Level D laboratory only).
Note: Orthopox PCR and negative stain electron microscopy (EM) identification of a pox virus in a clinical specimen suggest orthopox virus infection but are not diagnostic of variola and/or vaccinia. (Level D laboratory or approved Level C laboratory)

·Level D laboratories include the CDC and USAMRIID. Initial confirmation of a smallpox outbreak requires testing in a Level D laboratory. Level C laboratories will assist with testing of clinical specimens <u>following</u> initial confirmation of an outbreak by CDC.

Smallpox Case Classification:
Confirmed case = A case of smallpox that is laboratory confirmed, OR a case that meets the clinical case definition that is epidemiologically linked to a laboratory confirmed case.
Probable case = A case that meets the clinical case definition, OR a case that has an atypical presentation that has an epidemiological link to a confirmed case of smallpox. Atypical presentations of smallpox are: a) hemorrhagic type, b) flat, type not appearing as typical vesicles nor progressing to pustules and variola sine eruptione.
Suspect case = A case with a febrile rash illness with fever preceding development of rash by 1-4 days.

Form 2A: *Smallpox Case Travel/Activity Worksheet – Infectious Period*

Please print

OMB NO. 0920-0008
Exp. Date: 06/2003

1. **State** ☐☐   2. **Case #** _____

3. **CASE NAME:** _____ / _____ / _____
   Last   First   Middle   Suffix   Nickname/Alias

4. **Interviewer Name:** _____   5. **Interview Date:** _____/_____/_____
   Last   First   Middle   MM   DD   YYYY

6. **Date of fever onset:** _____/_____/_____
   MM   DD   YYYY

F=Fever, R=Rash, C=Cough   *RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM*

START HERE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C
DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C
DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C
DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C	DATE: ☐ F ☐ R ☐ C

Page 1 of 1
Form 2A (Draft 11/26/2002) Version 3.0

Form 2B: Smallpox Primary Contact/Site Worksheet
Please print

1. **State** ☐☐   2. **Case # _____**

OMB NO. 0920-0008
Exp. Date: 06/2003

3. **CASE NAME:** _____ / _____ / _____
    Last   First   Middle   Suffix   Nickname/Alias

4. **Interviewer Name:** _____
    Last   First   Middle

5. **Interview Date:** _____/_____/_____
    MM   DD   YYYY

6. **Date of fever onset:** _____/_____/_____
    MM   DD   YYYY

Contact Priority Category Codes:

1 = (Highest priority) Case household contacts: all immediate family members; others spending ≥ 3 hours in the household since case's onset of rash	4 = Non-household contacts with contact ≥ 6 feet with case with rash for ≥ 3 hours
2 = Non- household contacts with contact < 6 feet with case with rash for ≥ 3 hours	5 = Non-household contacts with contact ≥ 6 feet with case with rash for < 3 hours
3 = Non-household contacts with contact < 6 feet with case with rash for < 3 hours	

7. Name of Person (Last, First) and/or Name of Site	8. Date of First Exposure	9. Date of Last Exposure	10. Closest Distance in feet (Circle)	11. Longest Duration in Hours (Circle)	12. Contact Priority Category*	13. Form 2D #	14. Notes:
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			

Page ___ of ___
Form 2B (Draft 11/26/2002) Version 3.0

Form 2C: *Smallpox Case Transportation Worksheet – Infectious Period*

Please print

OMB NO. 0920-0008
Exp. Date: 06/2003

1. **State** ☐☐   2. **Case # _____**

3. **CASE NAME:** _____ / _____ / _____
   Last   First   Middle   Suffix   Nickname/Alias

4. **Interviewer Name:** _____   5. **Interview Date:** _____/_____/_____
   Last   First   Middle   MM   DD   YYYY

6. **Date of fever onset:** _____/_____/_____
   MM   DD   YYYY

COMPLETE AS MUCH INFORMATION AS POSSIBLE FOR EACH TYPE OF TRANSPORTATION USED BY CASE SINCE FEVER ONSET.

7. Date of Travel	8. Time of Travel (___:___) [AM /PM (Circle)]	9. Transport Type (e.g., bus, train, plane, car)	10. Carrier/Company Name	11. Route/ Flight #	12. Origin City	13. Origin State	14. Origin Country	15. Destination City	16. Destination State	17. Destination Country
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									

Page ___ of ___
Form 2C (Draft 11/26/2002) Version 3.0

Form 2D: Smallpox Contact Tracing Form

OMB NO. 0920-0008
Exp. Date: 06/2003

1. Last Name: First Name: MI: Suffix: Alias: 2. Street Address: Apt #:

3. City: State: 4. Zip: 5. DOB: M M D D Y Y Y Y 6. Age (Yrs): 7. Ethnicity: H Non/H 8. Race - Mark all that apply: AI/AN Asian B/AA H/PI O/U White 9. Sex: M F 20. Phone Number - Home:

10. Height: 11. Size/Build: 12. Hair: 13. Complexion: 14. Pregnant?: Y N U 15. Primary Language Spoken: 16. English Spoken: Y N U 17. Name of Employer/School: 21. Phone Number - Cell:

24. Exposure Dates:
Date of First Exposure: M M D D 2 0 Y Y
Date of Last Exposure: M M D D 2 0 Y Y

25. Reported Case Number: State

26. Date Interview of Reported Case: M M D D 2 0 Y Y

18. Address of Employer/School: 19. Work Hours:

22. Phone Number - Work:

30. Location, Epi Notes, and Other Relevant Information:

23. Phone Number - Other:

27. Contact Type (Mark One)
Primary Contact
OOJ Primary Contact

28. Priority Code *

27. (continued)
Secondary Contact
OOJ Secondary Contact

29. Primary Contact Form 2D Number:
(Complete only for Secondary Contacts)

39. **Disposition (Select One)**

1. Located

1A Referred for Vaccination, Fever or Rash or Cough Not Present
1B Referred for Clinical Assessment, Fever or Rash or Cough Present
1C Already Hospitalized as Suspected Case, Fever or Rash or Cough Present
1D Isolated, Not Vaccinated (within last 6 months), Fever or Rash or Cough Not Present
1E Previously Vaccinated (within last 6 months), Fever or Rash or Cough Not Present

Date of Vaccination: M M D D 2 0 Y Y
Reported Vaccination Take Status: Major None Equivocal Unknown

2. Not Located
2A Unable to Locate
2B Moved From Jurisdiction, To: _____

3. Deceased
3A Smallpox Suspected
3B Unrelated to Smallpox

4. 4 **Other :** _____

Case Contact Priority Codes *

1 = Highest Priority - Case household contacts: All immediate family members; others spending > 3 hours in the household since case's onset of rash.

2 = Non household contacts with contact <6 feet with Case with rash for >= 3 hours.

3 = Non household contacts with contact <6 feet with Case with rash for < 3 hours.

4 = Non household contacts with contact >= 6 feet with Case with rash for >= 3 hours.

5 = Non household contacts with contact >= 6 feet with Case with rash for < 3 hours.

31. Date Form 2D Initiated: M M D D 2 0 Y Y 32. Initiated By:
33. Date of Contact Notification: M M D D 2 0 Y Y 34. Notified By:
35. Disposition Date: M M D D 2 0 Y Y 36. Dispo'ed By:
37. Follow-up Assignment Date: M M D D 2 0 Y Y 38. Follow-up By:

40. Smallpox Case ID: State

Form 2D Number - **A0001234** Department of Health and Human Services Centers for Disease Control and Prevention 41. Reviewed By: 42. Comments:

Form 2D (Draft 11/26/2002) Version 3

Form 2E: *Smallpox Case Household and Primary Contact Surveillance Form*
Please print

I. CASE INFORMATION (Filled out by interviewer)

1. *CASE ID#: _____

II. HOUSEHOLD OR PRIMARY CONTACT INFORMATION (Questions marked with (*) to be filled out by interviewer)

*2. DATE OF HOUSEHOLD VISIT: _____/_____/_____
  MM   DD   YYYY

*3. NAME OF CASE HOUSEHOLD OR PRIMARY CONTACT: _____ / _____ / _____
  Last   First   Middle   Suffix   Nickname/Alias

*4. SEX (Circle): Male   Female   **5. AGE:** _____   **6. HOUSEHOLD CONTACT/PRIMARY CONTACT FORM 2D#** _____

*7. DATE OF LAST EXPOSURE TO CASE: _____/_____/_____
  MM   DD   YYYY

8. DATE VACCINATED: _____/_____/_____
  MM   DD   YYYY

9. CALL BACK DATE
(7 days after vaccination) _____/_____/_____
  MM   DD   YYYY

III. HOUSEHOLD OR PRIMARY CONTACT CLINICAL SIGNS TRACKING
(Filled out by Household or Primary Contact)

11. *[Insert telephone number or sticker here]

10. Record your temperature each day in the boxes below. If fever is 101° F or greater for two consecutive days, call the number provided immediately:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Temperature Daily Record																					

12. If rash develops, mark the day the rash started below, and call the number provided:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Rash																					

13. If you develop any of the severe vaccine adverse reactions shown on the Vaccination Information Statement, call:

14. *[Insert telephone number or sticker here]

15. For non-emergencies or if you have questions, call:

16. *[Insert telephone number or sticker here]

Page ___ of ___
Form 2E (Draft 11/26/2002) Version 3.0

Form 2F: *Smallpox Case Primary Contact's Household Members Surveillance Form*

Please print

I. CASE INFORMATION (Filled out by interviewer)

1. ***CASE ID#:** _____

II. PRIMARY CONTACT INFORMATION (Questions marked with (*) to be filled out by interviewer)

*2. DATE OF HOUSEHOLD VISIT: _____/_____/_____
                                  MM DD   YYYY

*3. NAME OF PRIMARY CONTACT: _____ / _____ / _____
                             Last   First   Middle   Suffix   Nickname/Alias

*4. PRIMARY CONTACT FORM 2D# _____

III. INFORMATION ABOUT PRIMARY CONTACT'S HOUSEHOLD MEMBERS (Filled out by primary contact or household member)

5. *Form 2D #	6. Last name	7. First name	8. MI	9. Sex	10. Date vaccinated	11. Call Back Date
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY

---

12. If anyone develops any of the severe vaccine adverse reactions shown on the Vaccination Information Statement, call:

13. *[Insert telephone number or sticker here]

Public reporting burden of this collection of information is estimated to average ___ minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).

Page ___ of ___
Form 2F (Draft 11/26/2002) Version 3.0

Form 3A: Smallpox Case Exposure Investigation Form

1. STATE ☐☐   2. **Case #** _____

OMB NO. 0920-0008
Exp. Date: 06/2003

Case Exposure/Source Information

3. **INTERVIEW DATE:** ☐☐ ☐☐ ☐☐☐☐
Month   Day   Year

Case Information

4. CASE NAME: _____ / _____ / _____
(Last)   (First)   (Middle)   (Suffix)   (Nickname)

5. ADDRESS: _____ ☐☐ ☐☐☐☐☐
Street Address, Apt #.   City   State   Zip Code

6. Case Classification: ☐ Confirmed   ☐ Probable   ☐ Suspect   ☐ Unknown

Information on possible source of infection - INDIVIDUALS

7. DO YOU KNOW FROM WHOM YOU CAUGHT THIS ILLNESS?   ☐ **Yes**   ☐ **No**   ☐ **Unknown**
IF NO OR UNKNOWN, GO TO QUESTION 10.

IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

_____ ☐☐ ☐☐☐☐☐ ☐☐☐-☐☐☐-☐☐☐☐
Name (LAST, FIRST)   Street Address, Apt #.   City   State   Zip Code   Area Code   Number

8. DATE OF LAST EXPOSURE: ☐☐ ☐☐ ☐☐☐☐
Month   Day   Year

9. DID THE PERSON HAVE ANY OF THE FOLLOWING SIGNS OR SYMPTOMS (MARK ALL THAT APPLY):

☐ RASH: PAPULES/BUMPS   ☐ FEVER   ☐ SEVERELY ILL   ☐ OTHER, DESCRIBE: _____
☐ RASH: VESICLES   ☐ COUGH   ☐ IMMOBILE
☐ RASH: PUSTULES (FLUID FILLED)
☐ RASH: CRUSTS/SCABS

10. DO YOU KNOW OF ANY OTHER PERSON WITH AN ILLNESS LIKE YOURS: ☐ Yes   ☐ No   ☐ Unknown
IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

_____ ☐☐ ☐☐☐☐☐ ☐☐☐-☐☐☐-☐☐☐☐
Name (LAST, FIRST)   Street Address, Apt #.   City   State   Zip Code   Area Code   Number

11. DURING THE DATES FROM _____ TO _____ BEFORE YOUR RASH ONSET, WERE YOU IN CONTACT WITH
(Insert date: 21 days before rash onset)   (Insert date: 7 days before rash onset)

DO YOU KNOW OF ANYONE WHO APPREARED TO HAVE:

11a. CHICKENPOX: ☐ Yes   ☐ No   ☐ Unknown

11b. A SEVERE RASH ON THE FACE AND/OR ARMS: ☐ Yes   ☐ No   ☐ Unknown

IF YES TO 11a OR 11b, GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE INDIVIDUALS:

_____ ☐☐ ☐☐☐☐☐ ☐☐☐-☐☐☐-☐☐☐☐
Name (LAST, FIRST)   Street Address, Apt #.   City   State   Zip Code   Area Code   Number

DATE OF LAST EXPOSURE: ☐☐ ☐☐ ☐☐☐☐
Month   Day   Year

_____ ☐☐ ☐☐☐☐☐ ☐☐☐-☐☐☐-☐☐☐☐
Name (LAST, FIRST)   Street Address, Apt #.   City   State   Zip Code   Area Code   Number

DATE OF LAST EXPOSURE: ☐☐ ☐☐ ☐☐☐☐
Month   Day   Year

Information on possible source of infection - PLACE

12. DO YOU KNOW WHERE YOU CAUGHT THIS ILLNESS?   ☐ Yes   ☐ No   ☐ Unknown

IF YES, NAME OF PLACE/EVENT: _____   TYPE OF PLACE/EVENT: _____
(i.e., restaurant, store, theater, sports event, office, etc)

ADDRESS / LOCATION: _____ ☐☐ ☐☐☐☐☐
Street Address, Apt #.   City   State   Zip Code

DESCRIBE LOCATION: _____   TELEPHONE: ☐☐☐-☐☐☐-☐☐☐☐
Area Code   Number

13. POSSIBLE DATE OF EXPOSURE: ☐☐ ☐☐ ☐☐☐☐   14. TIME: _____ AM / PM
Month   Day   Year

15. ESTIMATED NUMBER OF PERSONS POTENTIALLY EXPOSED AT THE SAME PLACE AND TIME AS CASE: _____

LIST OTHERS POTENTIALLY EXPOSED (NAME, ADDRESS, TELEPHONE) ON REVERSE SIDE OF THIS FORM OR ON AN ADDITIONAL PIECE OF PAPER.

Form 3A: Smallpox Case Exposure Investigation Form

STATE ☐☐   Case # _____

LIST OF NAMES AND ADDRESSES/TELEPHONE NUMBERS:

Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
_____	_____		☐☐	☐☐☐☐☐	☐☐☐–☐☐☐–☐☐☐☐	
_____	_____		☐☐	☐☐☐☐☐	☐☐☐–☐☐☐–☐☐☐☐	
_____	_____		☐☐	☐☐☐☐☐	☐☐☐–☐☐☐–☐☐☐☐	
_____	_____		☐☐	☐☐☐☐☐	☐☐☐–☐☐☐–☐☐☐☐	
_____	_____		☐☐	☐☐☐☐☐	☐☐☐–☐☐☐–☐☐☐☐	
_____	_____		☐☐	☐☐☐☐☐	☐☐☐–☐☐☐–☐☐☐☐	
_____	_____		☐☐	☐☐☐☐☐	☐☐☐–☐☐☐–☐☐☐☐	
_____	_____		☐☐	☐☐☐☐☐	☐☐☐–☐☐☐–☐☐☐☐	

SAMPLE QUESTIONS FOR FORM 3B: SMALLPOX CASE TRAVEL/ACTIVITY WORKSHEET – EXPOSURE PERIOD:

For the next few questions, I'd like you to think back to the 14 day period between 1 and 3 weeks before you developed a rash that we have marked on the calendar. Let's start with weekdays. (Offer dates, holidays, etc., as available to anchor the case's recall to this time period. Consider routine weekday activities in a systematic way going either back from day 7 or forward from day 21 from fever onset depending on what seems easier to do.)

For weekends, ask about usual routines and then occasional activities. Prompt especially for attendance at public events. A question to capture this type of attendance follows after questions regarding usual activities.

WHAT IS YOUR USUAL ROUTINE:

DO YOU WORK? ☐ Yes ☐ No		VOLUNTEER ON A REGULAR BASIS? ☐ Yes ☐ No
DO YOU GO TO SCHOOL? ☐ Yes ☐ No		HAVE ANOTHER EVERY DAY ACTIVITY? ☐ Yes ☐ No

DURING THIS 14-DAY PERIOD AS SHOWN ON THIS CALENDAR, DID YOU SPEND ANY TIME REGULARLY (3 OR MORE TIMES A WEEK) IN THE FOLLOWING PLACES? (Check all that apply.)

WORK: ☐ Yes ☐ No   SCHOOL: ☐ Yes ☐ No   RESTAURANT: ☐ Yes ☐ No

YOUR CHILD'S SCHOOL OR DAY CARE CENTER: ☐ Yes ☐ No   GROCERY STORE: ☐ Yes ☐ No

OTHER, SUCH AS PLACE OF WORSHIP, GYM, ETC: ☐ Yes ☐ No   IF YES, SPECIFY: _____

Please complete FORM 3C – CASE EXPOSURE TRANSPORTATION WORKSHEET for all transportation questions.

IF YOU WORK, GO TO SCHOOL, OR TRANSPORT YOUR CHILDREN OR OTHER FAMILY MEMBERS, HOW DO YOU TRAVEL TO AND FROM THESE PLACES?

CAR ALONE, BICYCLE, WALK: ☐ Yes ☐ No   CAR WITH OTHER PEOPLE IN THE VEHICLE AT LEAST SOMETIMES: ☐ Yes ☐ No

BUS, TRAIN OR SUBWAY: ☐ Yes ☐ No   TAXI: ☐ Yes ☐ No

OTHER, SPECIFY (E.G. PLANE): ☐ Yes ☐ No   IF YES, SPECIFY: _____

NOTE: For regular travel schedule such as to and from work, indicate range of days and times if this is the same each day.

DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)? ☐ Yes ☐ No

DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE:

HOTEL/CONVENTION CENTER: ☐ Yes ☐ No	CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP: ☐ Yes ☐ No
SHOPPING MALL OR LARGE STORE: ☐ Yes ☐	DOCTOR'S OFFICE, EMERGENCY ROOM, CLINIC OR HOSPITAL: ☐ Yes ☐ No
AIRPORT: ☐ Yes ☐ No	THEATER (MOVIES/PLAY): ☐ Yes ☐ No
CONCERT: ☐ Yes ☐ No	PUBLIC SPORTING EVENT: ☐ Yes ☐ No
BUS, TRAIN OR SUBWAY: ☐ Yes ☐ No	FAIR, FESTIVAL OR CARNIVAL: ☐ Yes ☐ No

ANY OTHER GATHERING WITH MORE THAN 100 OTHER PEOPLE: ☐ Yes ☐ No   IF YES, SPECIFY: _____

Form 3B: *Smallpox Case Travel/Activity Worksheet* — *Exposure Period*
Please print

OMB NO. 0920-0008
Exp. Date: 06/2003

1. **State** ☐☐   2. **Case # _____**

---

3. CASE NAME: _____ / _____ / _____
        Last   First   Middle   Suffix   Nickname/Alias

4. Interviewer Name:_____   **5. Interview Date: _____/_____/_____**
               Last   First   Middle   MM   DD   YYYY

6. Date of case fever onset: _____/_____/_____
                       MM   DD   YYYY

RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

START HERE

Page 1 of 1
Form 3B (Draft 11/26/2002) Version 3.0

Form 3C: *Smallpox Case Transportation Worksheet – Exposure Period*

Please print

OMB NO. 0920-0008
Exp. Date: 06/2003

1. **State** ☐☐   2. **Case #** _____

3. **CASE NAME:** _____ / _____ / _____
   Last   First   Middle   Suffix   Nickname/Alias

4. **Interviewer Name:** _____   5. **Interview Date:** _____/_____/_____
   Last   First   Middle   MM   DD   YYYY

6. **Date of fever onset:** _____/_____/_____
   MM   DD   YYYY

COMPLETE AS MUCH INFORMATION AS POSSIBLE FOR EACH TYPE OF TRANSPORTATION USED BY CASE 19 DAYS PRIOR TO FEVER ONSET.

7. Date of Travel	8. Time of Travel (___:___) [AM /PM (Circle)]	9. Transport Type (e.g., bus, train, plane, car)	10. Carrier/Company Name	11. Route/ Flight #	12. Origin City	13. Origin State	14. Origin Country	15. Destination City	16. Destination State	17. Destination Country
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									
___/___/_____ MM DD YYYY	____ : ____ AM / PM									

Page ___ of ___
Form 3C (Draft 11/26/2002)

TABLE 1.7 Haemophilus influenzae (all types and type B) Cases <30 Years of Age, by Year of Onset of Disease — California, 2000-2005

	2000		2001		2002		2003		2004		2005	
	Hi	Hib	Hi	Hib	Hi	Hib	Hi	Hib	Hi	Hib	Hi	Hib
CALIFORNIA	55	5	48	6	51	7	53	3	61	6	66	4
Alameda	5	—	3	—	6	—	2	1	5	1	6	1
Alpine	—	—	—	—	—	—	—	—	—	—	—	—
Amador	—	—	—	—	—	—	—	—	—	—	—	—
Butte	—	—	—	—	—	—	—	—	—	—	—	—
Calaveras	—	—	—	—	—	—	—	—	—	—	—	—
Colusa	—	—	—	—	—	—	—	—	—	—	—	—
Contra Costa	—	—	1	—	2	—	1	1	—	—	4	—
Del Norte	—	—	—	—	—	—	—	—	—	—	—	—
El Dorado	—	—	—	—	—	—	—	—	—	—	—	—
Fresno	2	—	—	—	—	—	2	1	—	—	—	—
Glenn	—	—	—	—	—	—	—	—	—	—	—	—
Humboldt	—	—	—	—	—	—	1	—	—	—	—	—
Imperial	1	1	—	—	—	—	—	—	1	—	—	—
Inyo	—	—	—	—	—	—	—	—	—	—	—	—
Kern	2	1	—	—	3	—	1	—	4	1	3	—
Kings	—	—	—	—	—	—	—	—	—	—	—	—
Lake	—	—	—	—	—	—	—	—	—	—	—	—
Lassen	—	—	—	—	—	—	—	—	—	—	—	—
Los Angeles	28	—	23	2	17	3	15	—	23	2	15	2
Madera	—	—	—	—	2	2	—	—	—	—	1	—
Marin	—	—	—	—	—	—	—	—	1	—	—	—
Mariposa	—	—	—	—	—	—	—	—	—	—	—	—
Mendocino	—	—	—	—	—	—	1	—	—	—	—	—
Merced	—	—	—	—	—	—	3	—	—	—	1	—
Modoc	—	—	—	—	—	—	—	—	—	—	—	—
Mono	—	—	—	—	—	—	—	—	—	—	—	—
Monterey	—	—	—	—	—	—	2	—	1	—	1	—
Napa	—	—	1	—	—	—	—	—	—	—	2	—
Nevada	—	—	1	—	—	—	—	—	—	—	—	—
Orange	6	1	3	—	4	1	5	—	2	—	6	—
Placer	—	—	—	—	—	—	—	—	—	—	1	—
Plumas	—	—	—	—	—	—	—	—	—	—	—	—
Riverside	1	—	—	—	3	—	1	—	1	—	4	—
Sacramento	—	—	1	—	1	—	1	—	3	—	2	—
San Benito	—	—	—	—	—	—	—	—	1	—	—	—
San Bernardino	1	—	—	—	6	—	2	—	4	—	6	1
San Diego	4	—	5	1	6	—	2	—	7	—	4	—
San Francisco	—	—	2	—	—	—	1	—	1	—	2	—
San Joaquin	—	—	—	—	—	—	1	—	1	—	—	—
San Luis Obispo	—	—	—	—	—	—	—	—	—	—	—	—
San Mateo	—	—	1	—	—	—	—	—	—	—	—	—
Santa Barbara	—	—	1	—	—	—	—	—	—	—	—	—
Santa Clara	1	1	3	1	—	—	1	—	3	1	1	—
Santa Cruz	—	—	—	—	—	—	1	—	1	—	—	—
Shasta	—	—	—	—	—	—	—	—	—	—	—	—
Sierra	—	—	—	—	—	—	—	—	—	—	—	—
Siskiyou	—	—	—	—	—	—	1	—	—	—	—	—
Solano	2	1	—	—	—	—	—	—	—	—	—	—
Sonoma	1	—	—	—	—	—	2	—	—	—	—	—
Stanislaus	—	—	—	—	—	—	1	—	—	—	—	—
Sutter	—	—	—	—	—	—	1	—	—	—	—	—
Tehama	—	—	—	—	—	—	—	—	—	—	—	—
Trinity	—	—	—	—	—	—	—	—	—	—	—	—
Tulare	1	—	1	1	—	—	4	—	2	1	2	—
Tuolumne	—	—	—	—	—	—	—	—	—	—	—	—
Ventura	—	—	1	—	1	1	1	—	—	—	5	—
Yolo	—	—	1	1	—	—	—	—	—	—	—	—
Yuba	—	—	—	—	—	—	—	—	—	—	—	—

Prepared by the California Department of Health Services, Immunization Branch

TABLE 1.8 Hepatitis A Cases and Rates, by Year of Onset of Disease* — California, 2000-2005

	2000		2001		2002		2003		2004		2005	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
CALIFORNIA	2785	8.18	1822	5.25	1352	3.83	1110	3.09	857	2.36	1088	2.95
Alameda	59	4.07	54	3.66	32	2.15	31	2.07	21	1.39	18	1.17
Alpine	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Amador	—	0.00	—	0.00	—	0.00	—	0.00	1	2.67	—	0.00
Butte	4	1.95	5	2.42	3	1.43	5	2.35	2	0.93	4	1.84
Calaveras	—	0.00	1	2.41	—	0.00	3	6.89	1	2.25	4	8.83
Colusa	1	5.28	1	5.21	—	0.00	—	0.00	2	9.69	1	4.77
Contra Costa	50	5.24	52	5.32	37	3.74	17	1.69	25	2.45	15	1.45
Del Norte	2	7.23	—	0.00	—	0.00	1	3.55	1	3.50	1	3.49
El Dorado	11	6.94	1	0.62	7	4.23	3	1.78	3	1.75	5	2.87
Fresno	73	9.09	48	5.86	18	2.15	26	3.04	12	1.38	15	1.70
Glenn	—	0.00	—	0.00	1	3.71	—	0.00	—	0.00	5	17.68
Humboldt	10	7.86	5	3.91	2	1.56	1	0.77	6	4.60	1	0.76
Imperial	27	18.79	16	10.96	13	8.70	20	13.01	9	5.73	4	2.49
Inyo	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Kern	38	5.72	27	3.97	31	4.44	34	4.74	12	1.64	12	1.61
Kings	15	11.55	2	1.51	1	0.74	5	3.60	7	4.96	2	1.39
Lake	1	1.70	1	1.67	1	1.63	4	6.41	2	3.15	—	0.00
Lassen	4	11.75	—	0.00	—	0.00	1	2.89	3	8.29	—	0.00
Los Angeles	935	9.78	598	6.15	475	4.80	393	3.91	326	3.23	514	5.07
Madera	19	15.28	1	0.79	—	0.00	5	3.73	4	2.93	4	2.88
Marin	11	4.43	12	4.80	4	1.60	3	1.20	3	1.20	9	3.58
Mariposa	1	5.82	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Mendocino	5	5.76	2	2.29	6	6.79	1	1.12	4	4.44	1	1.10
Merced	14	6.64	3	1.38	8	3.57	1	0.43	—	0.00	4	1.64
Modoc	1	10.55	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Mono	1	7.73	1	7.55	—	0.00	—	0.00	—	0.00	—	0.00
Monterey	33	8.18	27	6.60	11	2.66	11	2.63	8	1.89	7	1.63
Napa	10	8.00	4	3.15	4	3.10	6	4.58	1	0.75	2	1.49
Nevada	3	3.25	2	2.12	5	5.21	4	4.13	3	3.05	1	1.00
Orange	241	8.44	140	4.81	90	3.04	74	2.47	37	1.22	61	1.98
Placer	2	0.80	4	1.53	3	1.10	2	0.70	10	3.40	5	1.65
Plumas	—	0.00	—	0.00	2	9.47	—	0.00	—	0.00	—	0.00
Riverside	219	14.09	83	5.13	62	3.69	52	2.96	42	2.31	89	4.76
Sacramento	28	2.28	42	3.31	46	3.53	17	1.28	34	2.49	19	1.36
San Benito	—	0.00	1	1.81	—	0.00	—	0.00	1	1.73	—	0.00
San Bernardino	126	7.33	56	3.17	34	1.87	41	2.19	22	1.15	42	2.16
San Diego	301	10.63	153	5.30	167	5.67	123	4.11	79	2.61	76	2.48
San Francisco	51	6.53	90	11.43	33	4.19	16	2.03	20	2.53	10	1.26
San Joaquin	41	7.22	66	11.17	27	4.44	14	2.24	19	2.95	28	4.25
San Luis Obispo	9	3.62	4	1.59	7	2.74	2	0.78	6	2.31	7	2.67
San Mateo	28	3.94	46	6.45	32	4.50	18	2.53	16	2.23	12	1.66
Santa Barbara	19	4.74	24	5.93	21	5.14	13	3.15	14	3.37	7	1.67
Santa Clara	70	4.14	59	3.45	37	2.15	23	1.33	23	1.32	23	1.31
Santa Cruz	19	7.40	11	4.26	14	5.40	11	4.24	4	1.53	3	1.14
Shasta	3	1.82	5	2.98	5	2.90	3	1.71	1	0.56	—	0.00
Sierra	—	0.00	—	0.00	—	0.00	—	0.00	1	27.95	—	0.00
Siskiyou	3	6.71	4	9.01	2	4.48	7	15.53	5	11.06	1	2.21
Solano	31	7.81	14	3.45	24	5.83	8	1.92	5	1.19	9	2.11
Sonoma	27	5.85	27	5.76	20	4.25	33	6.97	6	1.25	12	2.47
Stanislaus	103	22.90	54	11.64	4	0.84	14	2.86	17	3.41	12	2.36
Sutter	3	3.78	1	1.24	1	1.21	1	1.18	—	0.00	1	1.13
Tehama	2	3.57	1	1.77	2	3.47	—	0.00	1	1.69	—	0.00
Trinity	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Tulare	35	9.48	20	5.33	13	3.39	19	4.83	5	1.25	6	1.47
Tuolumne	4	7.28	4	7.19	1	1.77	2	3.50	1	1.74	5	8.62
Ventura	49	6.47	43	5.56	35	4.44	37	4.63	19	2.35	28	3.43
Yolo	34	20.01	5	2.85	8	4.44	4	2.18	10	5.29	3	1.54
Yuba	9	14.86	2	3.26	3	4.78	1	1.56	3	4.58	—	0.00

*Rates are cases reported per 100,000 population; population estimates are from DOF estimates of the 2000 Census

Prepared by the California Department of Health Services, Immunization Branch

TABLE 1.9 Acute Hepatitis B Cases and Rates, by Year of Onset of Disease* — California, 2000-2005

	2000		2001		2002		2003		2004		2005	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
CALIFORNIA	982	2.88	800	2.30	601	1.70	673	1.87	476	1.31	384	1.04
Alameda	37	2.55	30	2.03	33	2.22	24	1.60	3	0.20	6	0.39
Alpine	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Amador	2	5.64	1	2.80	1	2.73	5	13.49	5	13.34	1	2.65
Butte	6	2.93	4	1.94	3	1.43	1	0.47	4	1.86	4	1.84
Calaveras	1	2.45	2	4.81	4	9.41	2	4.59	1	2.25	1	2.21
Colusa	—	0.00	1	5.21	—	0.00	—	0.00	—	0.00	—	0.00
Contra Costa	10	1.05	18	1.84	11	1.11	32	3.19	11	1.08	3	0.29
Del Norte	3	10.85	2	7.25	—	0.00	1	3.55	1	3.50	1	3.49
El Dorado	5	3.15	16	9.85	10	6.04	6	3.57	14	8.18	4	2.30
Fresno	15	1.87	17	2.07	15	1.79	3	0.35	11	1.27	17	1.93
Glenn	1	3.74	—	0.00	1	3.71	—	0.00	—	0.00	1	3.54
Humboldt	21	16.51	42	32.82	19	14.79	8	6.18	9	6.90	6	4.58
Imperial	15	10.44	1	0.68	1	0.67	—	0.00	—	0.00	2	1.25
Inyo	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Kern	—	0.00	2	0.29	19	2.72	45	6.27	28	3.84	12	1.61
Kings	9	6.93	5	3.77	3	2.22	9	6.49	8	5.66	2	1.39
Lake	5	8.49	1	1.67	1	1.63	8	12.83	2	3.15	10	15.53
Lassen	1	2.94	—	0.00	2	5.86	—	0.00	3	8.29	1	2.75
Los Angeles	166	1.74	86	0.88	103	1.04	151	1.50	88	0.87	77	0.76
Madera	21	16.88	12	9.46	24	18.52	34	25.38	35	25.63	24	17.29
Marin	1	0.40	4	1.60	4	1.60	—	0.00	—	0.00	—	0.00
Mariposa	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Mendocino	—	0.00	2	2.29	—	0.00	8	8.97	5	5.55	5	5.51
Merced	9	4.27	6	2.76	1	0.45	3	1.30	3	1.26	3	1.23
Modoc	—	0.00	—	0.00	—	0.00	—	0.00	1	10.34	—	0.00
Mono	1	7.73	—	0.00	—	0.00	1	7.44	—	0.00	—	0.00
Monterey	13	3.22	3	0.73	2	0.48	5	1.19	2	0.47	1	0.23
Napa	—	0.00	2	1.57	3	2.33	5	3.82	4	3.01	—	0.00
Nevada	2	2.16	1	1.06	1	1.04	—	0.00	—	0.00	1	1.00
Orange	51	1.79	50	1.72	45	1.52	24	0.80	29	0.95	3	0.10
Placer	5	2.00	2	0.76	1	0.37	1	0.35	—	0.00	1	0.33
Plumas	—	0.00	—	0.00	1	4.74	1	4.72	—	0.00	2	9.45
Riverside	331	21.30	168	10.39	38	2.26	42	2.39	32	1.76	45	2.40
Sacramento	10	0.81	31	2.44	1	0.08	3	0.23	10	0.73	7	0.50
San Benito	1	1.86	1	1.81	1	1.79	1	1.77	—	0.00	1	1.71
San Bernardino	20	1.16	31	1.75	22	1.21	22	1.18	11	0.58	11	0.57
San Diego	33	1.17	41	1.42	29	0.98	18	0.60	12	0.40	22	0.72
San Francisco	49	6.27	72	9.15	34	4.31	40	5.08	5	0.63	26	3.27
San Joaquin	23	4.05	38	6.43	48	7.90	43	6.87	26	4.04	9	1.37
San Luis Obispo	—	0.00	2	0.79	1	0.39	3	1.17	1	0.38	1	0.38
San Mateo	19	2.67	—	0.00	1	0.14	2	0.28	29	4.04	11	1.52
Santa Barbara	1	0.25	1	0.25	4	0.98	10	2.43	—	0.00	—	0.00
Santa Clara	15	0.89	18	1.05	17	0.99	11	0.64	7	0.40	4	0.23
Santa Cruz	5	1.95	7	2.71	3	1.16	3	1.16	3	1.15	2	0.76
Shasta	15	9.10	12	7.15	32	18.59	19	10.83	11	6.17	8	4.41
Sierra	—	0.00	—	0.00	—	0.00	1	28.07	—	0.00	—	0.00
Siskiyou	—	0.00	—	0.00	—	0.00	4	8.87	3	6.64	1	2.21
Solano	1	0.25	4	0.99	—	0.00	—	0.00	—	0.00	1	0.23
Sonoma	8	1.73	9	1.92	6	1.27	8	1.69	5	1.04	6	1.23
Stanislaus	16	3.56	13	2.80	29	6.07	18	3.68	8	1.60	7	1.38
Sutter	2	2.52	3	3.71	2	2.42	—	0.00	—	0.00	1	1.13
Tehama	4	7.14	1	1.77	2	3.47	—	0.00	3	5.06	—	0.00
Trinity	—	0.00	—	0.00	1	7.54	—	0.00	1	7.38	—	0.00
Tulare	9	2.44	9	2.40	8	2.09	10	2.54	1	0.25	4	0.98
Tuolumne	3	5.46	6	10.78	5	8.84	7	12.25	10	17.35	2	3.45
Ventura	9	1.19	9	1.16	4	0.51	29	3.63	30	3.71	19	2.33
Yolo	1	0.59	2	1.14	—	0.00	—	0.00	1	0.53	6	3.09
Yuba	7	11.56	12	19.55	5	7.96	2	3.13	—	0.00	2	3.01

*Rates are cases reported per 100,000 population; population estimates are from DOF estimates of the 2000 Census

Prepared by the California Department of Health Services, Immunization Branch

TABLE 1.10 Confirmed Measles Cases and Rates, by Year of Onset of Disease* — California, 2000-2005

	2000		2001		2002		2003		2004		2005	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates		Rates	Cases	Rates
CALIFORNIA	19	0.06	40	0.12	5	0.01	5	0.01	6	0.02	4	0.01
Alameda	1	0.07	1	0.07	—	0.00	2	0.13	—	0.00	—	0.00
Alpine	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Amador	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Butte	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Calaveras	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Colusa	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Contra Costa	—	0.00	2	0.20	—	0.00	—	0.00	—	0.00	—	0.00
Del Norte	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
El Dorado	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Fresno	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Glenn	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Humboldt	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Imperial	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Inyo	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Kern	—	0.00	—	0.00	—	0.00	—	0.00	1	0.14	—	0.00
Kings	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Lake	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Lassen	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Los Angeles	6	0.06	9	0.09	1	0.01	—	0.00	1	0.01	—	0.00
Madera	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Marin	—	0.00	2	0.80	—	0.00	—	0.00	—	0.00	—	0.00
Mariposa	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Mendocino	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Merced	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Modoc	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Mono	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Monterey	—	0.00	1	0.24	—	0.00	—	0.00	—	0.00	—	0.00
Napa	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Nevada	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Orange	2	0.07	5	0.17	2	0.07	—	0.00	—	0.00	—	0.00
Placer	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Plumas	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Riverside	—	0.00	1	0.06	—	0.00	—	0.00	—	0.00	1	0.05
Sacramento	1	0.08	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
San Benito	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
San Bernardino	—	0.00	1	0.06	—	0.00	—	0.00	—	0.00	—	0.00
San Diego	2	0.07	5	0.17	—	0.00	1	0.03	—	0.00	2	0.07
San Francisco	—	0.00	11	1.40	2	0.25	—	0.00	3	0.38	—	0.00
San Joaquin	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
San Luis Obispo	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
San Mateo	3	0.42	1	0.14	—	0.00	1	0.14	—	0.00	—	0.00
Santa Barbara	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	0.24
Santa Clara	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Santa Cruz	4	1.56	—	0.00	—	0.00	—	0.00	1	0.38	—	0.00
Shasta	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Sierra	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Siskiyou	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Solano	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Sonoma	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Stanislaus	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Sutter	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Tehama	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Trinity	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Tulare	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Tuolumne	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Ventura	—	0.00	1	0.13	—	0.00	1	0.13	—	0.00	—	0.00
Yolo	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Yuba	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00

*Rates are cases reported per 100,000 population; population estimates are from DOF estimates of the 2000 Census

Prepared by the California Department of Health Services, Immunization Branch

TABLE 1.11 Confirmed and Probable Pertussis Cases and Rates, by Year of Onset of Disease* — California, 2000-2005

	2000		2001		2002		2003		2004		2005	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
CALIFORNIA	672	1.97	644	1.85	1313	3.72	1009	2.81	1130	3.11	3160	8.57
Alameda	35	2.41	20	1.35	45	3.02	44	2.94	85	5.61	122	7.93
Alpine	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Amador	1	2.82	1	2.80	—	0.00	—	0.00	5	13.34	2	5.29
Butte	4	1.95	—	0.00	9	4.29	1	0.47	8	3.72	12	5.53
Calaveras	4	9.78	2	4.81	1	2.35	1	2.30	1	2.25	4	8.83
Colusa	1	5.28	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Contra Costa	8	0.84	11	1.13	15	1.52	11	1.10	10	0.98	58	5.61
Del Norte	—	0.00	1	3.63	—	0.00	1	3.55	—	0.00	1	3.49
El Dorado	2	1.26	16	9.85	19	11.48	10	5.94	20	11.68	14	8.04
Fresno	9	1.12	17	2.07	68	8.13	14	1.64	18	2.07	639	72.39
Glenn	—	0.00	—	0.00	—	0.00	—	0.00	1	3.56	1	3.54
Humboldt	3	2.36	4	3.13	10	7.78	—	0.00	8	6.13	64	48.89
Imperial	4	2.78	1	0.68	1	0.67	4	2.60	3	1.91	4	2.49
Inyo	—	0.00	1	5.49	—	0.00	—	0.00	—	0.00	15	80.94
Kern	9	1.35	7	1.03	18	2.58	15	2.09	38	5.21	58	7.77
Kings	1	0.77	1	0.75	2	1.48	2	1.44	—	0.00	5	3.48
Lake	—	0.00	—	0.00	1	1.63	3	4.81	—	0.00	—	0.00
Lassen	1	2.94	—	0.00	1	2.93	—	0.00	1	2.76	1	2.75
Los Angeles	106	1.11	112	1.15	183	1.85	141	1.40	177	1.76	494	4.87
Madera	2	1.61	2	1.58	3	2.32	2	1.49	4	2.93	80	57.64
Marin	5	2.01	4	1.60	15	6.00	2	0.80	24	9.57	13	5.17
Mariposa	—	0.00	—	0.00	2	11.37	—	0.00	—	0.00	6	32.93
Mendocino	4	4.61	1	1.15	3	3.40	3	3.36	2	2.22	19	20.92
Merced	7	3.32	—	0.00	8	3.57	2	0.87	4	1.69	16	6.54
Modoc	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Mono	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Monterey	10	2.48	8	1.96	6	1.45	6	1.43	46	10.85	30	7.00
Napa	2	1.60	2	1.57	3	2.33	3	2.29	1	0.75	6	4.47
Nevada	1	1.08	5	5.31	7	7.29	11	11.35	19	19.33	21	21.07
Orange	17	0.60	37	1.27	94	3.18	82	2.73	107	3.52	107	3.48
Placer	20	8.02	16	6.10	52	19.02	38	13.32	17	5.77	17	5.60
Plumas	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Riverside	7	0.45	10	0.62	26	1.55	13	0.74	23	1.27	64	3.42
Sacramento	49	3.98	36	2.84	125	9.60	91	6.83	96	7.04	135	9.68
San Benito	1	1.86	1	1.81	—	0.00	—	0.00	1	1.73	3	5.13
San Bernardino	3	0.17	14	0.79	18	0.99	20	1.07	27	1.42	35	1.80
San Diego	120	4.24	100	3.46	218	7.40	98	3.28	114	3.77	377	12.31
San Francisco	23	2.94	9	1.14	6	0.76	13	1.65	26	3.29	45	5.66
San Joaquin	16	2.82	12	2.03	12	1.97	5	0.80	10	1.55	14	2.12
San Luis Obispo	3	1.21	—	0.00	—	0.00	1	0.39	1	0.38	89	33.89
San Mateo	5	0.70	11	1.54	15	2.11	23	3.23	60	8.35	46	6.36
Santa Barbara	5	1.25	3	0.74	11	2.69	4	0.97	10	2.41	29	6.91
Santa Clara	58	3.43	44	2.57	65	3.79	38	2.20	59	3.39	166	9.45
Santa Cruz	14	5.45	33	12.78	34	13.12	54	20.83	21	8.05	35	13.34
Shasta	2	1.21	2	1.19	—	0.00	1	0.57	5	2.80	3	1.65
Sierra	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Siskiyou	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Solano	5	1.26	10	2.47	1	0.24	60	14.41	19	4.51	2	0.47
Sonoma	70	15.17	30	6.40	25	5.31	18	3.80	8	1.67	70	14.40
Stanislaus	14	3.11	5	1.08	19	3.98	29	5.92	12	2.40	112	22.02
Sutter	2	2.52	1	1.24	1	1.21	4	4.71	—	0.00	—	0.00
Tehama	—	0.00	1	1.77	—	0.00	—	0.00	—	0.00	—	0.00
Trinity	—	0.00	9	68.83	—	0.00	—	0.00	—	0.00	2	14.80
Tulare	5	1.35	4	1.07	14	3.65	3	0.76	5	1.25	39	9.55
Tuolumne	—	0.00	1	1.80	—	0.00	—	0.00	—	0.00	2	3.45
Ventura	9	1.19	36	4.66	44	5.58	30	3.75	28	3.46	65	7.95
Yolo	3	1.77	2	1.14	111	61.60	104	56.64	4	2.12	17	8.75
Yuba	2	3.30	1	1.63	2	3.19	4	6.25	2	3.05	1	1.50

*Rates are cases reported per 100,000 population; population estimates are from DOF estimates of the 2000 Census

Prepared by the California Department of Health Services, Immunization Branch

TABLE 1.12 Confirmed Rubella Cases by Year of Onset of Disease and Congenital Rubella Syndrome (CRS) Cases by Year of Diagnosis — California, 2000-2005

	2000		2001		2002		2003		2004		2005	
	Rubella	CRS	Rubella	CRS	Rubella	CRS	Rubella	CRS	Rubella	CRS	Rubella	CRS
CALIFORNIA	6	1	1	—	3	—	—	—	1	—	1	1
Alameda	—	—	—	—	—	—	—	—	—	—	—	—
Alpine	—	—	—	—	—	—	—	—	—	—	—	—
Amador	—	—	—	—	—	—	—	—	—	—	—	—
Butte	—	—	—	—	—	—	—	—	—	—	—	—
Calaveras	—	—	—	—	—	—	—	—	—	—	—	—
Colusa	—	—	—	—	—	—	—	—	—	—	—	—
Contra Costa	—	—	—	—	—	—	—	—	—	—	—	—
Del Norte	—	—	—	—	—	—	—	—	—	—	—	—
El Dorado	—	—	—	—	—	—	—	—	—	—	—	—
Fresno	—	1	—	—	—	—	—	—	—	—	—	—
Glenn	—	—	—	—	—	—	—	—	—	—	—	—
Humboldt	—	—	—	—	—	—	—	—	—	—	—	—
Imperial	—	—	—	—	—	—	—	—	—	—	—	—
Inyo	—	—	—	—	—	—	—	—	—	—	—	—
Kern	—	—	—	—	—	—	—	—	—	—	—	—
Kings	—	—	—	—	—	—	—	—	—	—	—	—
Lake	—	—	—	—	—	—	—	—	—	—	—	—
Lassen	—	—	—	—	—	—	—	—	—	—	—	—
Los Angeles	1	—	—	—	1	—	—	—	—	—	1	1
Madera	—	—	—	—	—	—	—	—	—	—	—	—
Marin	—	—	—	—	—	—	—	—	—	—	—	—
Mariposa	—	—	—	—	—	—	—	—	—	—	—	—
Mendocino	—	—	—	—	—	—	—	—	—	—	—	—
Merced	—	—	—	—	—	—	—	—	—	—	—	—
Modoc	—	—	—	—	—	—	—	—	—	—	—	—
Mono	—	—	—	—	—	—	—	—	—	—	—	—
Monterey	—	—	—	—	—	—	—	—	—	—	—	—
Napa	—	—	—	—	—	—	—	—	—	—	—	—
Nevada	—	—	—	—	—	—	—	—	—	—	—	—
Orange	1	—	—	—	—	—	—	—	—	—	—	—
Placer	—	—	—	—	—	—	—	—	—	—	—	—
Plumas	—	—	—	—	—	—	—	—	—	—	—	—
Riverside	—	—	—	—	—	—	—	—	—	—	—	—
Sacramento	—	—	—	—	—	—	—	—	—	—	—	—
San Benito	—	—	—	—	—	—	—	—	—	—	—	—
San Bernardino	—	—	—	—	—	—	—	—	—	—	—	—
San Diego	—	—	1	—	1	—	—	—	—	—	—	—
San Francisco	—	—	—	—	1	—	—	—	1	—	—	—
San Joaquin	—	—	—	—	—	—	—	—	—	—	—	—
San Luis Obispo	—	—	—	—	—	—	—	—	—	—	—	—
San Mateo	1	—	—	—	—	—	—	—	—	—	—	—
Santa Barbara	—	—	—	—	—	—	—	—	—	—	—	—
Santa Clara	2	—	—	—	—	—	—	—	—	—	—	—
Santa Cruz	—	—	—	—	—	—	—	—	—	—	—	—
Shasta	—	—	—	—	—	—	—	—	—	—	—	—
Sierra	—	—	—	—	—	—	—	—	—	—	—	—
Siskiyou	—	—	—	—	—	—	—	—	—	—	—	—
Solano	—	—	—	—	—	—	—	—	—	—	—	—
Sonoma	—	—	—	—	—	—	—	—	—	—	—	—
Stanislaus	—	—	—	—	—	—	—	—	—	—	—	—
Sutter	—	—	—	—	—	—	—	—	—	—	—	—
Tehama	—	—	—	—	—	—	—	—	—	—	—	—
Trinity	—	—	—	—	—	—	—	—	—	—	—	—
Tulare	—	—	—	—	—	—	—	—	—	—	—	—
Tuolumne	—	—	—	—	—	—	—	—	—	—	—	—
Ventura	1	—	—	—	—	—	—	—	—	—	—	—
Yolo	—	—	—	—	—	—	—	—	—	—	—	—
Yuba	—	—	—	—	—	—	—	—	—	—	—	—

Prepared by the California Department of Health Services, Immunization Branch

TABLE 1.13 Tetanus Cases and Rates by Year of Onset of Disease* — California, 2000-2005

	2000		2001		2002		2003		2004		2005	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
CALIFORNIA	9	0.26	10	0.29	8	0.23	5	0.14	6	0.16	7	0.19
Alameda	1	0.07	1	0.07	—	0.00	—	0.00	—	0.00	1	0.65
Alpine	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Amador	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Butte	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Calaveras	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Colusa	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Contra Costa	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Del Norte	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
El Dorado	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	5.74
Fresno	—	0.00	1	0.12	—	0.00	1	0.12	—	0.00	1	1.13
Glenn	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Humboldt	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Imperial	2	1.39	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Inyo	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Kern	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Kings	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Lake	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Lassen	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Los Angeles	—	0.00	2	0.02	2	0.02	1	0.01	2	0.02	—	0.00
Madera	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	7.21
Marin	—	0.00	1	0.40	—	0.00	—	0.00	—	0.00	—	0.00
Mariposa	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Mendocino	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Merced	—	0.00	1	0.46	—	0.00	—	0.00	—	0.00	—	0.00
Modoc	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Mono	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Monterey	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Napa	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Nevada	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Orange	—	0.00	1	0.03	4	0.14	—	0.00	1	0.03	—	0.00
Placer	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Plumas	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Riverside	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	0.53
Sacramento	—	0.00	—	0.00	—	0.00	1	0.08	—	0.00	—	0.00
San Benito	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
San Bernardino	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
San Diego	3	0.11	—	0.00	—	0.00	1	0.03	—	0.00	—	0.00
San Francisco	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
San Joaquin	—	0.00	1	0.17	—	0.00	—	0.00	—	0.00	—	0.00
San Luis Obispo	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
San Mateo	1	0.14	—	0.00	—	0.00	—	0.00	—	0.00	1	1.38
Santa Barbara	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Santa Clara	—	0.00	—	0.00	1	0.06	—	0.00	1	0.06	—	0.00
Santa Cruz	—	0.00	—	0.00	—	0.00	1	0.39	—	0.00	—	0.00
Shasta	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Sierra	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Siskiyou	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Solano	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Sonoma	1	0.22	—	0.00	—	0.00	—	0.00	1	0.21	1	2.06
Stanislaus	—	0.00	2	0.43	—	0.00	—	0.00	—	0.00	—	0.00
Sutter	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Tehama	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Trinity	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Tulare	—	0.00	—	0.00	1	0.26	—	0.00	1	0.25	—	0.00
Tuolumne	1	1.82	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Ventura	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Yolo	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00
Yuba	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00

*Rates are cases reported per 1,000,000 population; population estimates are from DOF estimates of the 2000 Census

Prepared by the California Department of Health Services, Immunization Branch